

PLACE OF BIRTH

County of Northberry S.C.

Township of 1

or
In Town of Northberry S.C.

City of Northberry S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 1a.—For State Registrar Only

21925

Registration District No. 24-9 Registered No. 100
(For use of Local Registrar)

(No. 7.5 As near St.; 2 Ward)

(1) Full Name of Child Ellamay Sutton If child is not yet named, make supplemental report as directed

(2) SEX OR ONLY <u>girl</u>	(7) DATE OF BIRTH <u>7-26-1925</u>
(3) Type of Twins or Triplets <u>2</u>	(8) No. of Previous Births <u>0</u>
FATHER	
(9) FULL NAME <u>Sheppard Garden Butler</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Lusk Parks</u>
(10) PRESENT POSTOFFICE OF FATHER <u>Northberry S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Northberry S.C.</u>
(11) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Saluda Co. S.C.</u>	(18) BIRTHPLACE <u>Northberry S.C.</u>
(13) OCCUPATION <u>mill man</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (How: M. or F.M.)
on the date above stated.

(23) (Signature) O. E. Lake
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Northberry S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Signed Aug 4 1925 (28) B. B. Cunningham Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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