

PLACE OF BIRTH

County of Mecklenburg S.C.

Township of 1

City of Mecklenburg 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. 9.5 of 9 Ward)
If child is not yet named, make supplemental report as directed

1) Full Name of Child Ellamay Butler

2) SEX OR ONLY girl 3) Date of Birth 7-26-29
To be answered only in event of Twins or Triplets 2 (Name of Month) (Day) (Year)

FATHER: 4) Full Name Sheppard Garden Butler 5) Present Postoffice of Father Mecklenburg S.C.
6) Color or Race White 7) Age at Last Birthday 25
8) Birthplace Saluda Co. S.C. 9) Occupation mill man
10) Number of children born to mother, including present birth 2
MOTHER: 11) Name before Marriage Maggie Lena Banks 12) Present Postoffice of Mother Mecklenburg S.C.
13) Color or Race White 14) Age at Last Birthday 29
15) Birthplace Mecklenburg S.C. 16) Occupation Domestic
17) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(19) (Signature) Dr. E. J. ... (20) State whether Physician or Midwife Physician
(21) Address of Physician or Midwife Mecklenburg S.C.

Given name added from a supplemental report

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

(23) Signed Aug 4 1929 (24) 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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