

Form No. 1

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Ligon  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

41153

Registration District No. 502 Registered No. 134  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Haynes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec. 6, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Butler  
 (9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32  
 (12) BIRTHPLACE Calhoun Co  
 (13) OCCUPATION Farm Help  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Haynes  
 (15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farm Help  
 (21) Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Love (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 6, 1922 (28) W. F. Keller 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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