

Form No. 1

(1) PLACE OF BIRTH

County of Wayne
 Township of Hamlet
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

34796

Registration District No. 511Registered No. 17
(For use of Local Registrar)

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

(2) Full Name of Child Louise Butler

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 17 23
 (To be answered only in event of Twin or Triplet) (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Louis Butler
 (9) PRESENT RESIDENCE OF FATHER Hamlet SC R 2
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farm Hand
 (14) Number of children born to mother, including present birth 16

MOTHER

(14) NAME BEFORE MARRIAGE Marie Jackson
 (15) PRESENT RESIDENCE OF MOTHER Hamlet SC R 2
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE SC
 (19) OCCUPATION Wife and Field Hand
 (20) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Mary White(23) State whether Physician or Midwife Physician

Given name added from a supplemental report

(24) Witness

(Signature of Witness necessary only when question 23 is signed "Midwife")

(25) Filed 11-24-2319
Registrar

Local Registrar

When there was no attending physician or midwife, then the father, householded, 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.

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 4, Section of Columbia, Columbia, S. C.