

(1) PLACE OF BIRTH

County of CalhounTownship of Amelia

or

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

8-10-30

89

Registration District No. 800 Registered No. 89

(For use of Local Registrar)

(2) Full Name of Child Julius E. Butler

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

(3) Girl(4) Twin or Triplet? X(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH July 31

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Butler(9) PRESENT POSTOFFICE OF FATHER Ft. Mott S.C.(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE Calhoun Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Opheelia Butler(15) PRESENT POSTOFFICE OF MOTHER Ft. Mott S.C.(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE Calhoun Co(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born July 31 11 A. M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) W. L. X. Johnson(23) State whether Physician or Midwife (24) Address of Physician or Midwife Amelia S.C.

Given name added from a supplemental report

(25) Witness Julius E. Butler

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

(26) Filed Aug 11 1930(27) A. R. Able

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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