

## (1) PLACE OF BIRTH

County of GreenvilleTownship of AustinInc. Town of .....  
orCity 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

64476

Registration District No. 2200Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child Marguth E. Butler

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

|                                |                      |  |                                       |   |
|--------------------------------|----------------------|--|---------------------------------------|---|
| (3) BOY OR GIRL<br><u>Girl</u> | (4) Twin or Triplet? | (5) Number in order of birth<br><u>1</u><br><small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married<br><u>Yes</u> | (7) DATE OF BIRTH<br><u>June 21</u> 19 <u>16</u><br><small>(Name of Month) (Day) (Year)</small> |
|--------------------------------|----------------------|--|---------------------------------------|---|

|                                    |         |
|------------------------------------|---------|
| (8) FULL NAME<br><u>Ed. Butler</u> | FATHER. |
|------------------------------------|---------|

|   |  |
|---|--|
| (9) PRESENT POSTOFFICE OF FATHER<br><u>Simpsonville</u> |  |
|---|--|

|                                    |  |
|------------------------------------|--|
| (10) COLOR OR RACE<br><u>Black</u> | (11) AGE AT LAST BIRTHDAY<br><u>30</u><br><small>(Years)</small> |
|------------------------------------|--|

|                                |  |
|--------------------------------|--|
| (12) BIRTHPLACE<br><u>S.C.</u> |  |
|--------------------------------|--|

|                                  |  |
|----------------------------------|--|
| (13) OCCUPATION<br><u>Farmer</u> |  |
|----------------------------------|--|

|   |  |
|---|--|
| (20) Number of children born to mother, including present birth<br><u>2</u> |  |
|---|--|

|  |         |
|--|---------|
| (14) NAME BEFORE MARRIAGE<br><u>Leuth. Letta</u> | MOTHER. |
|--|---------|

|  |  |
|--|--|
| (15) PRESENT POSTOFFICE OF MOTHER<br><u>Simpsonville</u> |  |
|--|--|

|                                    |  |
|------------------------------------|--|
| (16) COLOR OR RACE<br><u>Black</u> | (17) AGE AT LAST BIRTHDAY<br><u>25</u><br><small>(Years)</small> |
|------------------------------------|--|

|                                |  |
|--------------------------------|--|
| (18) BIRTHPLACE<br><u>S.C.</u> |  |
|--------------------------------|--|

|  |  |
|--|--|
| (19) OCCUPATION<br><u>Housekeeping</u> |  |
|--|--|

|  |  |
|--|--|
| (21) Number of children of this mother now living, including present birth<br><u>2</u> |  |
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. on the date above stated.  
Born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) L. L. Richardson M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 4 1916 (28) L. L. Richardson  
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.

N. B.—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.