

Form No. 1

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
40867

(1) PLACE OF BIRTH

County of GreenvilleTownship of Franklin GroveIn Town of NoneCity of NoneRegistration District No. 2314Registered No. 128
(For use of Local Registrar)

(2) Full Name of Child

Jay Hugh ButlerSt. 1 Ward 1
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed3 SEX OF CHILD Boy4 Twin or Triplet No
To be answered only in event of Twin or Triplet5 Age of Mother 246 DATE OF BIRTH Dec 19, 1923
(Name of Month) (Day) (Year)

FATHER.

7 FULL NAME James Butler8 PRESENT POSTOFFICE OF FATHER Holzer R# 39 COLOR OR RACE White10 BIRTHPLACE Greenville Co11 OCCUPATION Cotton mill12 Number of children born to mother, including present birth 3

MOTHER.

13 NAME BEFORE MARRIAGE Normie Butler14 PRESENT POSTOFFICE OF MOTHER Holzer R# 315 COLOR OR RACE White16 BIRTHPLACE Greenville Co17 OCCUPATION Housewife18 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. W. Kinan(24) Name of Physician or Midwife Physician(25) Address of Physician or Midwife None

Given name added from a supplemental report

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

(27) Signature W. W. Kinan(28) Local Registrar W. W. Kinan

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.