

MAJIN REMOVED FROM RECORDS.

WRITE PLAINLY. WITH INK/AND INK—THIS IS A PERMANENT RECORD.
 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 6.

(1) PLACE OF BIRTH.
 County of Rich
 Township of Trinityville
 of
 Inc. Town of
 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

No. 1a.—For State Register Only
4430

Registration District No. 2000 Registered No. 2
 (For use of Local Registrar)

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

(3) SEX OF CHILD Male **(4) DATE OF BIRTH** Nov 28, 1933
 (To be entered only in case of Twins or Triplets) (Month) (Day) (Year)

FATHER.
(5) FULL NAME Bruce Butler
(6) PRESENT POSTOFFICE OF FATHER Trinityville S.C.
(7) COLOR OR RACE White **(8) AGE AT LAST BIRTHDAY** 32 (Years)
(9) BIRTHPLACE W.C.
(10) OCCUPATION Farmer
(11) Number of children born to mother, including present birth 7

MOTHER.
(12) NAME BEFORE MARRIAGE Anna Mae
(13) PRESENT POSTOFFICE OF MOTHER Trinityville S.C.
(14) COLOR OR RACE White **(15) AGE AT LAST BIRTHDAY** 32 (Years)
(16) BIRTHPLACE W.C.
(17) OCCUPATION Domestic
(18) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(19) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(20) (Signature) Martha Davis
(21) Name whether Physician or Midwife Trinityville S.C.
(22) Address of Physician or Midwife Trinityville S.C.

Given name added from a supplemental report

Signature of Witness necessary only when question 22 is signed by mother

When there was a stillbirth, the report is entered as stillborn.