

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville

(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

Registration District No. 22 A

File No.—For State Registrar Only

89990

Registered No. 500
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

William Thomas Newth

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

(3) BOY OR GIRL? Boys (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Burton(9) PRESENT POSTOFFICE OF FATHER Sumter St.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Greenville(13) OCCUPATION laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Arnold(15) PRESENT POSTOFFICE OF MOTHER Sumter St. City(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Greenville(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive born 5 P.M.
on the date above stated. (Born alive or stillborn) (Born or P.M.)(23) (Signature) W. H. Smith(24) State whether Physician or Midwife (25) W. H. Smith
Physician (26) W. H. Smith

Given name added from a supplemental report

William Thomas Newth
Pearl Washington
1919
Registrar

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

(27) Filed Dec 29 1916 (28) W. H. Smith
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 WITH PENCIL "TWIN" OR "TRIPLET" IN THE MARGIN. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEANS OF COLUMBIA, COLUMBIA, S. C.