No. 1

(1) PLACE OF BIRTH

County of Beaufort

Township of ...

or

Inc. Town of Burton

or

City of ...

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16798

Registration District No. 60a Registered No. 228
(For use of Local Registrar)

(No. ... St.; ... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Byerson — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
		To be answered only in event of Twins or Triplets	No	June 25, 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Thomas Brown	(14) NAME BEFORE MARRIAGE	Geneva Byerson
(9) PRESENT POSTOFFICE OF FATHER	Burton S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Burton S.C.
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	17
(12) BIRTHPLACE	Burton S.C.	(18) BIRTHPLACE	Burton S.C.
(13) OCCUPATION	Day Laborer	(19) OCCUPATION	Day Laborer
(20) Number of children born to mother, including present birth	1	(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 ... at ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel McKnight

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Burton S.C.

Given name added from a supplemental report

... 19 ... Registrar

(26) Witness ... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 3rd 1923 (28) W. C. Brant 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.