

## (1) PLACE OF BIRTH

County of Rowan  
 Township of Liberty  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**29433**

Registration District No. 344.3 Registered No. 3.3  
 (For use of Local Registrar)

St.; ..... Ward)  
 (No. ....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept-7-1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Lebris Burton  
 (9) PRESENT POSTOFFICE OF FATHER Lincolnton  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)  
 (12) BIRTHPLACE Rowan Co  
 (13) OCCUPATION Iron Worker

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lebris Burton  
 (15) PRESENT POSTOFFICE OF MOTHER Lincolnton  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Year)  
 (18) BIRTHPLACE Rowan Co  
 (19) OCCUPATION Iron Worker  
 (21) Number of children of this mother now living, including present birth 1

(20) Number of children born to mother, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was white at 5:00 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomas F. Harris (24) State, whether Physician or Midwife South Carolina (25) Address of Physician or Midwife Lincolnton

Given name added from a supplemental report

(26) Witness W. H. Harris (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 15-1923 (28) W. H. Harris 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.