

(1) PLACE OF BIRTH

County of Newberry
Township of moon
or
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
35749

Registration District No. 3407

Registered No. 34
(For use of Local Registrar)

St. St. Ward Ward
(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 Willie Andrew 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 Oct 31 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Burton
(9) PRESENT POSTOFFICE OF FATHER Chappell, S.C. 291
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Newberry Co. S.C.
(13) OCCUPATION Farm Hand
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leacora Brown
(15) PRESENT POSTOFFICE OF MOTHER Chappell, S.C. 291
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Newberry Co. S.C.
(19) OCCUPATION Farm Hand
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bettie L. Allen
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness Bettie L. Allen
(Signature of Witness necessary only when question 22 is signed by mark)
(26) Local Registrar Bettie L. Allen

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.