

5712/43

U. S. Dept. of Commerce
Bureau of the Census

22-049405

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

County of Pickland

STATE OF SOUTH CAROLINA

01148

Township of

Bureau of Vital Statistics
State Board of Health

or

Registration District No. 38-A Registered No.

Inc. Town of

(For use of Local Registrar)

or

City of Columbia S.C. (No. #2 Mc Duff apt.) Ward

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

2. FULL NAME OF CHILD Joseph Burton

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

3. Sex or Girl Boy If Plural births 4. Twin, triplet or other 5. Number, in order of birth 6. Premature Full term 7. Are Parents Married? yes 8. Date of Birth April 12 1922 (month, day, year)

9. Full name Governor Burton FATHER

18. Name before marriage Leila Holmes MOTHER

10. Residence (mailing address) Columbia S.C. (If non-resident, give place and State)

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11. Color or race negro 12. Age at child's birth 2.5 (years)

20. Color or race negro 21. Age at child's birth 1.2 (years)

13. Birthplace (city or place) Edgefield Co. (State or country)

22. Birthplace (city or place) Edgefield Co. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Cleaner

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housework

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 3 yrs

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 2 yrs

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation no months weeks 29. Cause of stillbirth no Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 8:00 P. m. on the date above stated. (Born alive or stillborn)

(Signed) Leila Burton Parent

or Guardian

Address 2122 Hampton St

Filed June 28, 1923 L. A. Riser, M.D. Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)