

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.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate.)

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

1. PLACE OF BIRTH

County of Richland
Township of
or
Inc. Town of
or
City of Columbia S.C.
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-A

22-049405

FILE No.—For State Registrar Only

01148

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD

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

9. Full name Governor Burton FATHER

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

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

13. 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

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

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

18. Name before marriage Lila Holmes MOTHER

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

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

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

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

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

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

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) Lila Burton Parent

or Guardian

Address 2122 Hampton St

Filed June 28, 1943 L. A. Riser, M.D. Registrar