

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw, of Columbia.

(1) PLACE OF BIRTH

County of GreenvilleTownship of BunkleyOR
Inc. Town ofOR
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72947

Registration District No. 2205 Registered No. 68

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>8</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 11, 1916</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	--------------------------------	---	------------------------------------	---

FATHER.

(8) FULL NAME William Henderson Burton(9) PRESENT POSTOFFICE OF FATHER Honea Path. S.C. R. 5(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Laurens Co. S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 8 }

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Cleveland Herring(15) PRESENT POSTOFFICE OF MOTHER Honea Path. S.C. R. 5.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Laurens Co. S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 6 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Phleght, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honea Path. S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 11, 1916 (28) C. D. S. 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.