

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town of

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

40488

Registration District No. 4408Registered No. 161

(For use of Local Registrar)

(2) Full Name of Child

William Burt

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

March 26, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm. J. Givens

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Willie Lee Burk

(15) PRESENT POSTOFFICE OF MOTHER

York S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

York

(19) OCCUPATION

Student

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

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was March 26 at 11 P. M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

R. A. Bratton M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

York S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 12 1922

(28)

John H. Hannon
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.

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