

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
74036

(1) PLACE OF BIRTH

County of

Newberry

Township of

H-8

or
Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St.; Ward)

Registration District No. 3406

Registered No. 32

(For use of Local Registrar)

(2) Full Name of Child

Joseph Jesse Burton

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug. 8, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Isaiah Burton

(9) PRESENT POSTOFFICE OF FATHER

Newberry R 4

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

38 (Years)

(12) BIRTHPLACE

Newberry

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Addie Dominick

(15) PRESENT POSTOFFICE OF MOTHER

Newberry R 4

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Newberry

(19) OCCUPATION

Farm laborer

(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 alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sarah Haverford

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Newberry R, 4

Given name added from a supplemental report

Isaiah 24 1917

C. W. Miller

dupes Registrar

(26) Witness

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

(27) Filed

Sept 11 1916

(28)

121 Boulevard

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.

MARGIN RESERVED FOR BINDING. 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.

McCaw, of Columbia.