

## 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 NewberryTownship of #8

or

Inc. Town of ..... Registration District No. 3406 Registered No. 32

or

City of ..... (No. .... St.; ..... 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 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 R4(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Newberry(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Addie Dominick(15) PRESENT POSTOFFICE OF MOTHER Newberry R4(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Newberry(19) OCCUPATION Farm laborer(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 H. Davenport(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry R4

Given name added from a supplemental report

Isaiah R4 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) St. 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.