

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamston
 or
 Inc. Town of Williamston
 or
 City of SC

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only

32976

Registration District No. 3-CRegistered No. 62
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 14 1927
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jos Halliburton
 (9) PRESENT POSTOFFICE OF FATHER Williamston SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Leta Hamilton
 (15) PRESENT POSTOFFICE OF MOTHER Williamston SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H T Martin(24) State whether Physician or Midwife mid(25) Address of Physician or Midwife Wm D

Given name added from a supplemental report

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

(27) Filed 11-9-1927

(28)

1927

(29)

Lillian Russell

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.

MADE IN THE UNITED STATES OF AMERICA
 PRINTED AT THE NATIONAL BUREAU OF PRINTING
 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.

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