

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.

(1) PLACE OF BIRTH

County of Anderson
 Township of Unadilla
 or
 Inc. Town of
 or
 City of Anderson
 (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

33102

Registration District No. 313 Registered No. 37
 (For use of Local Registrar)

(2) Full Name of Child

Chris Gene 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 Sept 7 22
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Wm Sharv Burton
 9) PRESENT POSTOFFICE OF FATHER Anderson, R.F.D. #7
 10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 34
 (Years)
 12) BIRTHPLACE Anderson Co.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth III

MOTHER.
 14) NAME BEFORE MARRIAGE Nettie Henshaw
 15) PRESENT POSTOFFICE OF MOTHER Anderson R.F.D. #7
 16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 28
 (Years)
 18) BIRTHPLACE Anderson Co.
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born alive... at 4:30 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olga V. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

 19
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 31 1922 (28) E. C. E. Hood 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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