

Form No. 3

## (1) PLACE OF BIRTH

County of Richmond  
 Township of Argyle  
 Inc. Town of .....  
 City of .....

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

No. for State Registrar only  
**11481**

Registration District No. 3506 Registered No. 47  
 (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 Glenn E. Burton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Previous Marriage 7 1/2 (7) DATE OF BIRTH 3-25-1923  
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME J. E. Burton (9) NAME BEFORE MARRIAGE Yda Pruitt

(10) PRESENT POSTOFFICE OF FATHER Wintminter (S.C.) (11) PRESENT POSTOFFICE OF MOTHER Wintminter S.C.

(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 30 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 28

(16) BIRTHPLACE Illinois (17) BIRTHPLACE Illinois

(18) OCCUPATION Farmer (19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated. 11:30 A.M.

(23) (Signature) J. E. Burton (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wintminter S.C.

Given name added from a supplemental report

Janice J. Burton  
July 30 1923

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

(27) Filed 4-17-1923 (28) Local Registrar H. E. Shadon

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 BINDER. 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.

State of Columbia, California, S. C.