

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

- File No. — For State Registrar Only

5580

Inc. Town of Registration District No. 107 Registered No. 13
 (For use of Local Registrar)
 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 Samuel 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
 to be answered only in event of twins or triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH June 4 1923
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Samuel Burton

(14) NAME BEFORE MARRIAGE Quettie Henry

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R.F.D.

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R.F.D.

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 34
 (Years)

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 28
 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. Anderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Abbeville S.C. R.F.D.

Given name added from a supplemental report

(26) Witness J. G. Pressley
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 12 1923 (28) J. G. Pressley
 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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PLEASE PRINT WITH CARE. 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.