

Form No. 1.

(1) PLACE OF BIRTH

County of Ashen.....

Township of Gregg.....

or Town of Vanduse.....

or City of

(No. St.; Ward) (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

75428

Registration District No. 204 Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child. Height Burton.....

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Aug 31 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Height Burton

(9) PRESENT POSTOFFICE OF FATHER Vanduse S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 52 (Years)

(12) BIRTHPLACE Edgefield

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 9.....

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Busbee

(15) PRESENT POSTOFFICE OF MOTHER Vanduse

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE I don't know

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth { 8.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 33 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amersea O. Shepard
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Vanduse

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 11 1916 (28) H. P. Ward 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.

Law, of Columbia.