

(1) PLACE OF BIRTH

County of Lexington

Township of Mill Branch

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2103

No. 21787

Registered No. 60
(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 Clayton M. Burns If child is not yet named, make supplemental report on directed

(3) Sex Male (4) Type or Trait ps (5) Number in order of birth 1 (6) Are Parents Married ps (7) Date of Birth July 8 1923
(Month) (Day) (Year)

FATHER
(8) Full Name Marshall L. Burns
(9) Present Postoffice of Father Seawater SC
(10) Color or Race White (11) Age at Last Birthday 31
(12) Birthplace Lexington Co SC
(13) Occupation Farmer
(14) Number of children born to mother, including present birth 5

MOTHER
(14) Full Name Louella Staley
(15) Present Postoffice of Mother No 9
(16) Color or Race White (17) Age at Last Birthday 26
(18) Birthplace Maryburg Co SC
(19) Occupation Housework
(20) Number of children of the mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) [Signature]

(23) State whether Physician or Midwife (24) Address of Physician or Midwife [Address]

Given name added from a supplemental report

Gennie Fairley
Oct. 19 1923

(25) Witness (Signature of Witness necessary only when question 21 is signed by marks)

(26) Filed July 9 1923 (27) [Signature] 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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