

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71292

(1) PLACE OF BIRTH

County of AndersonTownship of Martinor  
Inc. Town ofRegistration District No. 309Registered No. 78

(For use of Local Registrar)

or  
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. Clarence Howard Burton 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

8, 25, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lewis P. Burton

(9) PRESENT POSTOFFICE OF FATHER

Belton, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Anderson Co.

(13) OCCUPATION

farmer

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Fallie Gable

(15) PRESENT POSTOFFICE OF MOTHER

Belton S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

Anderson Co.

(19) OCCUPATION

house wife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. Haynes, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Belton S.C.

Given name added from a supplemental report

Hubert, 1917W. R. Haynes Registrar

(26) Witness

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

(27) Filed Sept 1, 1916(28) R. P. Robinson 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.