

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.

| (1) PLACE OF BIRTH  |                                | CERTIFICATE OF BIRTH  |   | File No. — For State Registrar Only |  |
|---|--------------------------------|---|---|-------------------------------------|--|
| County of <u>Fairfield</u>  |                                | STATE OF SOUTH CAROLINA   |   | 42271                               |  |
| Township of <u>Winnsboro</u>  |                                | Bureau of Vital Statistics                                      |   |                                     |  |
| Inc. Town of <u>Winnsboro</u>   |                                | State Board of Health   |   |                                     |  |
| City of <u>Winnsboro</u>  |                                | Registration District No. ....                                  |   | Registered No. ....                 |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)   |                                |   |   | (For use of Local Registrar)        |  |
| (2) Full Name of Child <u>Willie Henry Burton</u>   |                                | If child is not yet named, make supplemental report as directed |   |                                     |  |
| (3) BOY OR GIRL? <u>Boy</u>   | (4) Twin or Triplet? <u>no</u> | (5) Number in order of birth <u>2</u>                           | (6) Are Parents Married? <u>yes</u>   | (7) DATE OF BIRTH <u>Dec 2 1922</u> |  |
|   |                                |   |   | (Name of Month) (Day) (Year)        |  |
| FATHER.   |                                |   | MOTHER.   |                                     |  |
| (8) FULL NAME <u>George Brown</u>   |                                |   | (14) NAME BEFORE MARRIAGE <u>Willie Smith</u>                                       |                                     |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Winnsboro</u>   |                                |   | (15) PRESENT POSTOFFICE OF MOTHER <u>Winnsboro</u>                                  |                                     |  |
| (10) COLOR OR RACE <u>negro</u>   |                                |   | (17) AGE AT LAST BIRTHDAY <u>28</u>   |                                     |  |
| (11) AGE AT LAST BIRTHDAY (Years)   |                                |   | (18) BIRTHPLACE <u>Fairfield</u>  |                                     |  |
| (12) BIRTHPLACE <u>Fairfield</u>  |                                |   | (19) OCCUPATION <u>Farmer</u>   |                                     |  |
| (13) OCCUPATION <u>Farmer</u>   |                                |   | (20) Number of children of this mother now living, including present birth <u>2</u> |                                     |  |
| (21) Number of children of this mother now living, including present birth <u>2</u>   |                                |   |   |                                     |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |                                |   |   |                                     |  |
| (22) I hereby certify that I attended the birth of this child, who was born <u>Dec 2 1922</u> at <u>Winnsboro</u> M., on the date above stated. |                                |   |   |                                     |  |
| (23) (Signature) <u>James E. Mitchell</u>   |                                |   |   |                                     |  |
| (24) State whether Physician or Midwife <u>Physician</u>  |                                |   |   |                                     |  |
| (25) Address of Physician or Midwife <u>Winnsboro</u>   |                                |   |   |                                     |  |
| Given name added from a supplemental report   |                                |   | (26) Signature of Witness necessary only when question 23 is signed by mark         |                                     |  |
|   |                                |   | (27) <u>Dec 2 1922</u>  |                                     |  |
| Registrar   |                                |   | Local Registrar   |                                     |  |

\*When there was no attending physician, midwife, 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 sixth month of pregnancy.