

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

File No. — For State Registrar Only
71030

(1) PLACE OF BIRTH

County of AbbevilleTownship of Loudermillor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 108Registered No. 80
(For use of Local Registrar)(2) Full Name of Child William J. Burton

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE BIRTH Aug. 1 1916
(Name of Month) (Day) (Year)**FATHER.**(8) FULL NAME William J. Burton(9) PRESENT POSTOFFICE OF FATHER Loudermill(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 54 (Years)(12) BIRTHPLACE Loudermill S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 10 3**MOTHER.**(14) NAME BEFORE MARRIAGE D. J. Manning(15) PRESENT POSTOFFICE OF MOTHER Loudermill(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE

(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 3**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was at
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1916

(28)

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 RECORDING
 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.