

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of Anderson

City of

(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 HealthNo. 16-For this Register
172Registration District No. 341 Registered No. 27

(For use of Local Registrar)

(2) Full Name of Child Helene Aubrey Burton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>A</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age of child at birth <u>yes</u>	(7) DATE OF BIRTH <u>Jan 22, 1922</u> (Name of Month) (Day) (Year)
--------------------------	--	------------------------------	---	---

FATHER.

(8) FULL NAME Clairmont Albert Burton(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Mechanic(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Birdie Louise Ramey(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Ellenboro S.C.(19) OCCUPATION Domestic(20) Number of children of this 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 alive at 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) G. C. Dean

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(25) Witness

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

J. B. CRAYSON

(26) Filed

(27) ANDERSON, S.C.
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.

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.