

1. This is one 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

County of York

Township of Catawba

Inc. Town of

City of (No. St.; P. Ward)

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

Registration District No. 4400 Registered No. 7

(For use of Local Registrar)

File No.—For State Registrar Only

2767

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

(3) BOY OR GIRL <u>B.</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 25, 1922</u> (Specify Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Hoyd Leslie Burton</u>			(14) NAME BEFORE MARRIAGE <u>Issie Harris</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Leslie A. C. R. I. D. Inst</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>"</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)		(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>A. C.</u>			(18) BIRTHPLACE <u>A. C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>None</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. D. Haynes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Rock Hill S. C.

Given name added from a supplemental report

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

(27) Filed 7/4/22 19 22 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.