

MAKING RESERVES FOR FILING.  
 UNITED PLAINS: WITH READING INC.—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 8.

## (1) PLACE OF BIRTH

County of university  
 Township of Proserpina  
 OR  
 Inc. Town of Proserpina  
 OR  
 City of Proserpina

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

19513

Registration District No. 343 Registered No. 8  
 (For use of Local Registrar)

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 23, 22  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lerance Burton  
 (9) PRESENT POSTOFFICE OF FATHER Proserpina, S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24  
 (Year)  
 (12) BIRTHPLACE Proserpina, S.C.  
 (13) OCCUPATION automobile worker  
 (20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Lee Morris  
 (15) PRESENT POSTOFFICE OF MOTHER Proserpina, S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24  
 (Year)  
 (18) BIRTHPLACE university County  
 (19) OCCUPATION Maids & Housekeeper  
 (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 12:05 P.M. at Proserpina, S.C.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa X. 130092(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Proserpina, S.C.

Given name added from a supplemental report

(26) Witness C. T. W. J. J. J.  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 24, 22 (28) C. T. W. J. J. J.  
 Registrar 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.