

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

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 Health

File No.—For State Registrar Only

64447

Registration District No. 22 A Registered No. 248

(For use of Local Registrar)

(No. 139 Goodwin St.; Ward)(2) Full Name of Child Robert Monroe Burton { If child is not yet named, make supplemental report as directed }(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 21 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Monroe Burton(9) PRESENT POSTOFFICE OF FATHER 139 Goodwin St.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Greenville County.(13) OCCUPATION Railroad Carcleaner.(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Lusie Johnson.(15) PRESENT POSTOFFICE OF MOTHER 139 Goodwin St.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Greenville County.(19) OCCUPATION housework.(21) Number of children of this mother now living, including present birth two living one dead.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Alive at 3:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Mare(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife 521 Oscar St.

Given name added from a supplemental report

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Registrar

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

(27) Filed June 23 1916 (28) Co Smith 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.

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.
McCaw, of Columbia.