FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
87085

(1) PLACE OF BIRTH
County of Pickens
Township of Easley
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.)

Registration District No. 370 Registered No. 124
(For use of Local Reistrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child Pearlie Lee Burton

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

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)
(5) Number in order of birth 7
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Oct. 8, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Burton
(9) PRESENT POSTOFFICE OF FATHER Easley R.F.D.
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Pickens Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Mosley
(15) PRESENT POSTOFFICE OF MOTHER Easley R.F.D.
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Greenville Co. S.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maurice X Burton
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Easley S.C.

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Nov. 4 1916. (28) E. H. Wyatt
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, Stationer, Columbia