

(1) PLACE OF BIRTH

County of NewberryTownship of #9

Inc. Town of

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

16063

Registration District No. 3410 Registered No. 46
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? 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>May 18</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Alvin Burton(9) PRESENT POSTOFFICE OF FATHER Prosperity SS(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Newberry Co(13) OCCUPATION Machinist - auto(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Pearl Brown(15) PRESENT POSTOFFICE OF MOTHER Prosperity SS(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Newberry Co(19) OCCUPATION Housekeeping(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 born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P.)(23) (Signature) W. B. Beekungh

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

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.

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