

Form No. 1

(1) PLACE OF BIRTH
 County of Greenwood
 Township of Hodges
 or
 Inc. Town of

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

File No.—For State Registrar Only
77393

Registration District No. 2307 Registered No. 37
 (For use of Local Registrar)
 City of 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 John Henry 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? Yes (7) DATE OF BIRTH Sept 14 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Randolph Burton
 (9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Greenwood Co.
 (13) OCCUPATION Servant in Bank
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Jordan
 (15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Greenwood Co.
 (19) OCCUPATION Cooking
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Martha A. Burton
 (24) State whether Physician or Midwife (use Address of Physician or Midwife)
Midwife Atterville S.C.

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

(26) Witness Mrs. E. R. Miller
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Apr 24 1916 (28) S. J. Brasler 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.

MARGIN RESERVED FOR BINDING.
 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.