

Form No. 1

(1) PLACE OF BIRTH

County of Greenwood
Township of Hodgesor
Inc. Town of
or
City 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. 2307Registered No. 37
(For use of Local Registrar)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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 14 1916
(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 stillborn) (Hour A. M. or P. M.)
on the date above stated. Martha A. Burton

(23) (Signature)

(24) State whether Physician or Midwife (and Address of Physician or Midwife)
Midwife Atterville S.C.

Given name added from a supplemental report

(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. I. Brasse
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.

McCauley of Columbia.