

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91800

County of Anderson

Township of Campobello

Inc. Town of Dandridge

or

City of Dandridge

Registration District No. 4001-a Registered No. 143

(For use of Local Registrar)

(No. 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 Embryon Burton

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Y

(7) DATE OF BIRTH 12 2 1913

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John A Burton

(14) NAME BEFORE MARRIAGE Miss Hill

(9) PRESENT POSTOFFICE OF FATHER Dandridge S.C.

(15) PRESENT POSTOFFICE OF MOTHER Dandridge S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 31 (Years)

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Greenville

(18) BIRTHPLACE Dandridge S.C.

(13) OCCUPATION Wagon

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth one

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dandridge S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 6 1913

(28)

Local Registrar [Signature]

*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.

before the fifth month of pregnancy.

fifth month of pregnancy.

FOR USE IN CASES OF TWINS OR TRIPLETS. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN IN THE UPPER LEFT CORNER. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF CHILDREN IN THE UPPER LEFT CORNER.