

MARGIN RESERVED FOR INDEXING.

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 make the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Form of Bureau, Columbia, S. C.

| (1) PLACE OF BIRTH   |   | CERTIFICATE OF BIRTH   |                                    | File No.—For State Registrar Only    |  |
|--|---|--|------------------------------------|--------------------------------------|--|
| County of <u>Richland</u>  |   | STATE OF SOUTH CAROLINA  |                                    | 37452                                |  |
| Township of <u>Bluff</u>   |   | Bureau of Vital Statistics   |                                    |                                      |  |
| Inc. Town of .....   |   | State Board of Health  |                                    |                                      |  |
| City of .....  |   | Registration District No. <u>3840</u>                                    |                                    | Registered No. <u>164</u>            |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)                            |   | (No. .... St. .... Ward)   |                                    | (For use of Local Registrar)         |  |
| (2) Full Name of Child <u>Robert L. Burton</u>   |   | If child is not yet named, make supplemental report as directed          |                                    |                                      |  |
| (3) SEX OF CHILD <u>Boy</u>  | (4) Twin or Triplet <u>No</u>   | (5) Number in order of birth   | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>Nov 27 1923</u> |  |
| FATHER.  |   | MOTHER.  |                                    |                                      |  |
| (8) FULL NAME <u>Clayton Burton</u>  | (14) NAME BEFORE MARRIAGE <u>Theressia Carter</u>                                   |  |                                    |                                      |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>College Place</u>  | (15) PRESENT POSTOFFICE OF MOTHER <u>College Place</u>                              |  |                                    |                                      |  |
| (10) COLOR OR RACE <u>Col</u>  | (11) AGE AT LAST BIRTHDAY <u>28</u>   | (16) COLOR OR RACE <u>Col</u>  |                                    |                                      |  |
| (12) BIRTHPLACE <u>Hartsville</u>  | (17) AGE AT LAST BIRTHDAY <u>25</u>   | (18) BIRTHPLACE <u>Richland Co</u>                                       |                                    |                                      |  |
| (13) OCCUPATION <u>Carpenter</u>   | (19) OCCUPATION <u>House work</u>   |  |                                    |                                      |  |
| (20) Number of children born to mother, including present birth <u>3</u>   | (21) Number of children of this mother now living, including present birth <u>3</u> |  |                                    |                                      |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  |   |  |                                    |                                      |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9 A.</u> M., on the date above stated. |   |  |                                    |                                      |  |
| (23) (Signature) <u>Lillian Brubaker</u>   |   |  |                                    |                                      |  |
| (24) State whether Physician or Midwife <u>Midwife</u>   |   |  |                                    |                                      |  |
| (25) Address of Physician or Midwife <u>College Place</u>  |   |  |                                    |                                      |  |
| Given name added from a supplemental report  |   | (26) Witness .....   |                                    |                                      |  |
|  |   | (Signature of Witness necessary only when question 23 is signed by mark) |                                    |                                      |  |
| 19 .....   |   | (27) Filed <u>Nov 31 1923</u>  |                                    |                                      |  |
| Registrar  |   | (28) <u>W. A. M. Dean</u>  |                                    |                                      |  |
|  |   | 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.