

(1) PLACE OF BIRTH

County of AndersonTownship of 1In Town of 1City of 1

(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

2748

Registration District No. 3 HRegistered No. 508

(For use of Local Registrar)

(2) Full Name of Child

Jessie Burgess

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

(3) SEX OF CHILD

(4) Date of Birth

(5) Number in Order of Birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 14 1925

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thompson Burgess

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

M.C.

(13) OCCUPATION

Widow

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

7

MOTHER.

(15) NAME BEFORE MARRIAGE

Ala Little

(16) PRESENT POSTOFFICE OF MOTHER

Anderson

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

24

(Years)

(19) BIRTHPLACE

La

(20) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

J.B. Little

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Even name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question is in doubt)

F.D. CRAYTON,

(27) Filed

Feb 13 1925

(28)

ANDERSON, S.C.

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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