

## (1) PLACE OF BIRTH

County of Horry  
 Township of Laurie  
 or  
 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

22860

Registration District No. 4305Registered No. 50  
(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 Retha Burgess 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? Yes (7) DATE OF BIRTH July 2/1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charlie Burgess  
 (9) PRESENT POSTOFFICE OF FATHER Salters Depot S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Year)  
 (12) BIRTHPLACE Horryburg co. S.C.  
 (13) OCCUPATION Farm Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma Henderson  
 (15) PRESENT POSTOFFICE OF MOTHER Salters Depot S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Year)  
 (18) BIRTHPLACE Horryburg co. S.C.  
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Josephine Graham  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Salters Depot S.C.

Given name added from a supplemental report

(26) Witness Father  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 30<sup>th</sup> 1923 (28) A. K. Moseley  
 Registrar 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.