

22 049382

FILE No. For State Registrar Only

04933

1. PLACE OF BIRTH
 County of Richland
 Township of Columbia
 or
 Inc. Town of Columbia
 or
 City of Columbia

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-A

Registered No. _____
 (For use of Local Registrar)

(No. 2007 Green St. 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 James Hanbury Burrell Jr. { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plurim Births XXXXXXXXXXXXXXXXXXXX 6. XXXXXXXXXXXX Full term Yes 7. Are Parents Married? Yes 8. Date of birth August 6 19 22
 (Month, day, year)

9. Full name FATHER James Hanbury Burrell

18. Name before marriage MOTHER Sarah Kathleen Burrell Mobley

10. Residence (mailing address) Columbia, S.C.
 (If non-resident, give place and State) XXXXXXXXXXXXXXXXXXXX

19. Residence (mailing address) Columbia, S.C.
 (If non-resident, give place and State) XXXXXXXXXXXXXXXXXXXX

11. Color or race white 12. Age at child's birth 31 (years)

20. Color or race white 21. Age at child's birth 31 (years)

13. Birthplace (city or place) Brooklyn, N.Y.
 (State or country)

22. Birthplace (city or place) Blackstock, S.C.
 (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Contractor

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Electrical store

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work October 6 19 42

25. Date (month and year) last engaged in this work October 6 19 42

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

28. If stillborn (months) XXXXXXXXXXXXXXXXXXXX (Before labor) XXXXXXXXXXXXXXXXXXXX (During labor) XXXXXXXXXXXXXXXXXXXX

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 8:05 A. m. on the date above stated.

(Signed) Kathleen M. Burrell, Parent

or _____, Guardian

Address P.O. Box 82, Va. Beach, Va.

Filed 10/15, 19 42 M. B. Woodward, MD
 Registrar

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
 (See instructions on Back of Certificate.)