No. 3

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only: 24249-a.

Registration District No. ..... Registered No. ..... (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.)

. PLACE OF BIRTH
County of Newberry
Township of Mouzon
or
Inc. Town of .....
or
of .....

2. Full Name of Child Clarence Rodney Burgess — If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL: Boy
4. Twin or Triplet? —
5. Number in order of birth —
(To be answered only in event of Twins or Triplets)
6. Are Parents Married? Yes
7. DATE OF BIRTH: July 8 1922 (Name of Month) (Day) (Year)

FATHER	MOTHER
8. FULL NAME: Lawson W. Burgess	14. NAME BEFORE MARRIAGE: Jessie L. McEwen
9. PRESENT POSTOFFICE OF FATHER: Kinglree S.C. R.F.D. 2	15. PRESENT POSTOFFICE OF MOTHER: Kinglree S.C. R.F.D. 2
10. COLOR OR RACE: White — 11. AGE AT LAST BIRTHDAY: 22 (Years)	16. COLOR OR RACE: White — 17. AGE AT LAST BIRTHDAY: 23 (Years)
12. BIRTHPLACE: Newberry County S.C.	18. BIRTHPLACE: Newberry County S.C.
13. OCCUPATION: Farmer	19. OCCUPATION: House Wife
20. Number of children born to mother, including present birth: Five	21. Number of children of this mother now living, including present birth: Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. (Hour A.M. or P.M.) on the date above stated.

23. Signature C. D. Jacobs
24. State whether Physician or Midwife: M.D.
25. Address of Physician or Midwife: Kinglree S.C.

Given name added from a supplemental report

..... 19.....
Registrar

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

27. Filed July 20 1922 28. B.C. Clarkson
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.