CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2075

(1) PLACE OF BIRTH
County of Anderson
Township of Piedmont
or
Inc. Town of
or
City of
Registration District No. 3B Registered No. 7
(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 Clyde Arnold Burrell (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Boy
(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH: Feb 20 (Name of Month) (Day) 19 22 (Year)

FATHER.	MOTHER.
(8) FULL NAME: Otto Burrell	(14) NAME BEFORE MARRIAGE: Lucile Cox
(9) PRESENT POSTOFFICE OF FATHER: Piedmont	(15) PRESENT POSTOFFICE OF MOTHER: Piedmont S.C.
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 23 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 16 (Years)
(12) BIRTHPLACE: S.C.	(18) BIRTHPLACE: S.C.
(13) OCCUPATION: Textile Work	(19) OCCUPATION: Domestic
(20) Number of children born to mother, including present birth: 1	(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 P.M., on the date above stated.
(Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. L. Campbell
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Piedmont

Given name added from a supplemental report

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

(27) Filed Feb 23 1922 (28) G. S. Clemens
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.

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.

N. B.—In case of TWINS or TRIPLETS use one CERTIFICATE for EACH CHILD. MARGIN RESERVED FOR BINDING.
WHITE PLAINS, N.Y. WHITE CERTIFICATE INSTRUCTION IN A PERMANENT RECORD
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