

(1) PLACE OF BIRTH

County of GreenvilleTownship of Onsalor
Inc. Town of.....

City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Earnest Harrison Burn

File No. — For State Registrar Only

42779

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2213 Registered No. 93
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 22 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Earnest Harrison Burn(9) PRESENT POSTOFFICE OF FATHER Taylor's R. F. D. 1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Greenville Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marianne King(15) PRESENT POSTOFFICE OF MOTHER Taylor's R. F. D. 1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Jackson Co Georgia(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:45 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Brockman
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 12 1923 (28) Albert W. Neve
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.