

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Pacout  
 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

12100

Registration District No. 4006 Registered No. 47  
 (For use of Local Registrar)

(No. Review 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 Cassie Berrew Burgess If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 4-8-23  
 (Name of Month) (Day) (Year)

FATHER: Floyd W. Burgess MOTHER: Mossie B. Arner  
 (8) FULL NAME Floyd W. Burgess (14) NAME BEFORE MARRIAGE Mossie B. Arner  
 (9) PRESENT POSTOFFICE OF FATHER Trouble S.C. (15) PRESENT POSTOFFICE OF MOTHER Trouble S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
 (12) BIRTHPLACE S.C. (18) BIRTHPLACE W. Va.  
 (13) OCCUPATION Farmer (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. S. Burkhalter (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pacout, S.C.

Given name added from a supplemental report  
L. A. B. M. D.  
5/26/44 19 44  
 Registrar

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

(27) Filed 5/1/44 19 44 (28) M. H. B. B. B. 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.