

Form No. 1

(1) PLACE OF BIRTH

County of *Dillon*  
 Township of *Clanning*  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

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

Registration District No. *1604*

File No. - For State Registrar Only

*24241*

Registered No. ....  
 (For use of Local Registrar)

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

(2) Full Name of Child *Marie Burr*

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

(1) BOY OR GIRL *girl* (2) Twin or Triplet To be covered only in event of Twin or Triplet (3) Number in order of birth (4) Are Parents Married *yes* (5) DATE OF BIRTH *8-14-23*  
 (Month of Birth) (Day) (Year)

FATHER.  
 (8) FULL NAME *Charlie Burr*  
 (9) PRESENT POSTOFFICE OF FATHER *Dillon S.C.*  
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30*  
 (12) BIRTHPLACE *Marion, Co.*  
 (13) OCCUPATION  *cotton mill*  
 (14) Number of children born to mother, including present birth *5*

MOTHER.  
 (14) NAME BEFORE MARRIAGE *alice caddell*  
 (15) PRESENT POSTOFFICE OF MOTHER *Dillon S.C.*  
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *33*  
 (18) BIRTHPLACE *Dorchester S.C.*  
 (19) OCCUPATION *house work*  
 (20) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* ..... at *5-30* .....  
 on the date above stated. (Born alive or stillborn) (Month or P. M.)

(23) (Signature) *Nancy Westwood*  
 (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *.....*

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 *23* ..... 19*23* (28) 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.

Revised by Columbia, Columbia, S. C.