

Form No. 1

(1) PLACE OF BIRTH

County of Dillon S.C.
 Township of Channing
 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

24241Registered 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

(3) BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 8-14-23
 To be covered only in event of Twin or Triplet (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 Channing, C.V.
 (13) OCCUPATION cotton mill
 (14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Alice Cardwell
 (16) PRESENT POSTOFFICE OF MOTHER Dillon S.C.
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 23
 (19) BIRTHPLACE Channing, C.V.
 (20) OCCUPATION house work
 (21) 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 PM on the date above stated. (Born alive or stillborn) (Month of Birth or P. M.)

(23) (Signature) Nancy Westford(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Channing, C.V.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 8-23-23

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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.