

(1) PLACE OF BIRTH

County of Beaufort
 Township of Burstein
 or
 Inc. Town of Burstein
 or
 City of Burstein

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
2937

Registration District No. 600 Registered No. 64
 (For use of Local Registrar)

City of Burstein (No. 600 St. 64 Ward 64)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hettie Tabber If child is not yet named, make supplemental report as directed

(a) Sex girl (b) Twin or Triplet No (c) Number in order of birth yes (d) Age Parents Married yes (e) DATE OF BIRTH Jan 14 1923
 To be answered only in case of Twin or Triplet (Month of Birth) (Day) (Year)

FATHER.
 (a) FULL NAME John Tabber
 (b) PRESENT POSTOFFICE OF FATHER Burstein
 (c) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22
 (12) BIRTHPLACE Burstein S. C.
 (13) OCCUPATION day laborer
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Rosa Gunn
 (15) PRESENT POSTOFFICE OF MOTHER Burstein S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE Burstein S. C.
 (19) OCCUPATION farm laborer
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) Hetty Gays
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Burstein S. C.

Given name added from a supplemental report

(25) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Date Jan 15 1923 (27) W. H. Hannon

When there was no attending physician or midwife, sign the name of the person who attended the birth.
 If a child breathes even once, it must not be reported as stillborn.

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