

[illegible]

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

File No.—For State Registrar Only
4163

(1) PLACE OF BIRTH

County of Franklin

Township of *Rolls*.....

Inc. TOWN of.....

OF

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

(No. St. Ward
..... of street and number.)

(2) Full Name of Child Anne Reuben Burgess ☐ If child is not yet named, make supplemental report as directed

(3) BOY OF
GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(8) Are Parents Married? *2/20*

(7) DATE OF BIRTH Feb 24 1922
(Name of Month) (Day) (Year)

FATHER.

10 FULL NAME John Bridges

7) PRESENT POSTOFFICE OF FATHER Serrano, JC #1

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *20* (Years)

(12) BIRTHPLACE *3*

13 OCCUPATION

27. Number of children born to mother, including present birth 1

MOTHERS

(14) NAME BEFORE MARRIAGE Bessie Love

(15) PRESENT POSTOFFICE OF MOTHER Jersey, Ill. #

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE 2. L. 2

(19) OCCUPATION _____

(71) 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 at M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

(23) (Signature) _____
(24) State whether Physician or Midwife _____

(23) Address of Physician or Midwife

Given name added from a supplement-
al report

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

(27) Filed 3/1 1922 (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.