

(1) PLACE OF BIRTH

County of Richland
 Township of 3

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

8287

Inc. Town of Columbia Registration District No. 38A Registered No. 166
 City of Columbia No. 202 Washington St. Two Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Marijere Burkett 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 2-26-23
 (Name of Month) (Day) (Year)

FATHER.

1) FULL NAME Allen Burkett
 2) PRESENT POSTOFFICE OF FATHER Columbia SC

3) COLOR Colored (11) AGE AT LAST BIRTHDAY 22
 (Years)

4) BIRTHPLACE Lexington SC

5) OCCUPATION Shoemaker

6) Number of children born to including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Mary Burkett

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22
 (Years)

(18) BIRTHPLACE Lexington SC
Housekeeper

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sally Porterfield
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife

26) Name added from a supplemental report

..... 101.....

..... Registrar

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

(29) Filed Apr 4 1923 (30) G. J. Swan 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.