

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

File No.—For State Registrar Only

16763

(1) PLACE OF BIRTH  
 County of Spartanburg  
 Township of Parrott  
 or  
 Inc. Town of .....

Registration District No. 4006 Registered No. 16  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5-28-22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elvis Burgess  
 (9) PRESENT POSTOFFICE OF FATHER Parrott SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Painter  
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Franie Crocker  
 (15) PRESENT POSTOFFICE OF MOTHER Parrott SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (21) 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 alive at 4:30 A.M.  
 on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) James Caldwell Lee  
 (24) State whether Midwife Physician or Midwife (25) Address of Physician or Midwife Parrott SC

Given name added from a supplemental report\*  
 .....

(26) Witness C. J. Coleman  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6-7 1922 (28) M. W. Brown 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.

No. 28—In case of any error in this certificate, the State Registrar, No. 1, State Office, Columbia, S. C. will issue a corrected certificate, and such a certificate shall be valid for all purposes.