

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Parrott
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16763

Registration District No. 4006Registered 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? No (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 26
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Painter

MOTHER.

(14) NAME BEFORE MARRIAGE Iramie Crocker
 (15) PRESENT POSTOFFICE OF MOTHER Parrott 26
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5

(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) (Hour A. M. or P. M.)

(23) (Signature) Samuel Baldwin Lyle
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Parrott 26

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 6-7-22 (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.