

(1) PLACE OF BIRTH

County of York

Township of

Inc. Twp. of

City of Rose Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
30572Registration District No. 4470 Registered No. 206
(For use of Local Registrar)(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

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 (6) Are Parents Married? yes (7) DATE OF BIRTH July 15 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME H. C. Burge(14) NAME BEFORE MARRIAGE Vallie Johnson(9) PRESENT POSTOFFICE OF FATHER Rose Hill, S.C.(15) PRESENT POSTOFFICE OF MOTHER Rose Hill, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION mill-work(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth Four(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 4 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. A. Bygones (24) State whether Physician or Midwife Physician Address of Physician or Midwife Rose Hill, S.C.

Given name added from a supplemental report

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

(26) Filed 9/21/23 (27) Local Registrar J. A. Bygones

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.