

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Ridgeway  
 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

16767

Registration District No. 4007 Registered No. 146  
 (For use of Local Registrar)

St.; ..... Ward)  
 (No. ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

## (2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 11 (6) Are Parents Married? yes (7) DATE OF BIRTH May 5 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME General W Burns  
 (9) PRESENT POSTOFFICE OF FATHER Greer A #1  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45  
 (Years)  
 (12) BIRTHPLACE D.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Charity Lela Hendrix  
 (15) PRESENT POSTOFFICE OF MOTHER Greer A #1  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39  
 (Years)  
 (18) BIRTHPLACE D.C.  
 (19) OCCUPATION Housework  
 (21) Number of children of this mother now living, including present birth 9

(20) Number of children born to mother, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 A.M.  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 10 1922 (28) J. H. Hill 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.

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