

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

File No. - In this register
33028

Registration Number No. **4008** Registration No. **273**
Place of birth (No. R 2)
If born in a hospital or other institution, give name of same instead of street and number.
Full Name of Child **J. GAMMA L. BURNETT** If child is not yet named, make supplemental report as directed

(1) Sex or Triplet? **Boy** (2) Number in order of birth **1** (3) Age Month **2** (4) DATE OF BIRTH **Sept 26 1923**
(5) (Month of Month (Day) (Year) **26 23**)

FATHER
Minnie Burnett

Pharhaibury R 2 SC

(11) AGE AT LAST BIRTHDAY **25** (Years)

White (12) RACE **White** (13) BIRTHPLACE **SC**

7 years

Number of children of this mother now living, including present birth **2**

(14) NAME BEFORE MARRIAGE **minnie Burnett**

(15) PRESENT RESIDENCE **Pharhaibury R 2 SC**

(16) COLOR **White** (17) AGE AT LAST BIRTHDAY **21** (Years)

(18) BIRTHPLACE **SC**

(19) OCCUPATION **Housewife**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was **born** (Born alive or stillborn) **6 a** (Hour A. M. or P. M.)

(20) (Signature) **W. H. Chapman**

(21) State whether Physician or Midwife **Phys** (22) Address of residence or hospital **Whiting SC**

(23) Witness (Signature of witness necessary only when question 22 is signed by mark)

(24) Signed **C. H. 11 1923** (25) **Mrs. F. J. Harper**

If no attending physician or midwife, then the father, householder, etc., should make this return. If child was born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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