

(1) PLACE OF BIRTH

County of Greene

Township of

or

Inc. TOWNE of Greene

or

City of Tammassee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43905

Registration District No. 3582 Registered No. 128
(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 Cleveland Elvina Burrell 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 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec - 24, 1922
(Name of Month (Day) (Year)FATHER.
(8) FULL NAME Louis Burrell
(9) PRESENT POSTOFFICE OF FATHER Tammassee S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
(Year)
(12) BIRTHPLACE Ga.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 7MOTHER.
(14) NAME BEFORE MARRIAGE Mamie Nichols
(15) PRESENT POSTOFFICE OF MOTHER Tammassee S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39
(Year)
(18) BIRTHPLACE S.C.
(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 Born alive at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Mrs. Harriet E. Lusk

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwifeTammassee, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 23 is signed by father)

(27) Filed Jan 1st 19 23 (28) Sub 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.