

(1) PLACE OF BIRTH

County of Greenville

Township of St. Andrews

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 11.11.11 Registered No. 44

(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 Anna Louise If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or Triplet no

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH

July 13, 1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Sam Burrell

(9) PRESENT POSTOFFICE OF FATHER Hubert, S.C.

(10) COLOR OR RACE col

(11) AGE AT LAST BIRTHDAY 40

(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION farmer

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

MOTHER.

(15) NAME BEFORE MARRIAGE Anna Burrell

(16) PRESENT POSTOFFICE OF MOTHER Hubert, S.C.

(17) COLOR OR RACE col

(18) AGE AT LAST BIRTHDAY 37

(Year)

(19) BIRTHPLACE S.C.

(20) OCCUPATION domestic

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 A.M. on the date above stated. (Here alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Burrell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hubert, S.C.

Given name added from a supplemental report

(26) Witness Anna Burrell

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

(27) Filed July 23, 1923 (M.) B. Burrell Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.