

(1) PLACE OF BIRTH

County of Chester
 Township of Hazelwood
 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

41567

Registration District No. 162.3. Registered No. 31
 (For use of Local Registrar)

City of..... (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 Burnice Stroud (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 Dec 6, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Scott Stroud

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

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30
 (Year)

(12) BIRTHPLACE Chester Co.

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Minnie Paden

(15) PRESENT POSTOFFICE OF MOTHER Cornwell S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24
 (Year)

(18) BIRTHPLACE Chester Co.

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth: 7 (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 alive at 10 P.M. on the date above stated. (If alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary Francis Gladson
 (24) Address of Physician or Midwife Cornwell, S.C.

Given name added from a report
 Signature of Witness necessary only
 When a child is born, the following should be done:
 1. Report to the local health officer.
 2. Report to the State Registrar.

When there was no report, the following should be done:
 1. Report to the local health officer.
 2. Report to the State Registrar.