

(1) PLACE OF BIRTH

County of *Cherokee*  
Township of *Cherokee*  
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  
**41638**

Registration District No. *1201* Registered No. *135*  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St.; .... Ward)

(2) Full Name of Child

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 3 1922*  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Claburn Burr*  
(9) PRESENT POSTOFFICE OF FATHER *Chowan Se*  
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *21*  
(Year) *1901*  
(12) BIRTHPLACE *Se*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth *3*

(14) NAME BEFORE MARRIAGE *Fannie Burr*  
(15) PRESENT POSTOFFICE OF MOTHER *Chowan Se*  
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *24*  
(Year) *1898*  
(18) BIRTHPLACE *Se*  
(19) OCCUPATION *House Keeper*  
(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *10 P.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Charity Hunderburt*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Chowan Se*

Given name added from a supplemental report

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

(27) Filed *Dec 10 1922* (28) *O. O. Ingram*  
Registrar 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.