

(1) PLACE OF BIRTH

County of Fairfield

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3762

Registration District No. Registered No.

(For use of Local Registrar)

(2) Full Name of Child Darrell Burrell

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 251923

FATHER.

(8) FULL NAME

Edward Burrell

(9) PRESENT POSTOFFICE OF FATHER

Bookman S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Ashford

(15) PRESENT POSTOFFICE OF MOTHER

Bookman S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

farmer

(19) OCCUPATION

farmer

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

9

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born at 9 o'clock a.m. on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Maria P. Cook

Given name added from a supplemental report

101

(26) Witness

Bethie Hutchinson

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

(27) Filed

101

(28)

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.

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