

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Reidville
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

27991

Registration District No. Registered No. 58
 (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 Sarah Hampton Burgess child is not yet named, make supplemental report as directed

(3) BOY ☒ GIRL ☒ (4) Twin or Triplet? ☐ (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel J. Burgess

(9) PRESENT POSTOFFICE OF FATHER near R 21

(10) COLOR OR FACE white (11) AGE AT LAST BIRTHDAY 46
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Martha C. Trotter

(15) PRESENT POSTOFFICE OF MOTHER near R 21

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 43
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION housework

(20) Number of children born to mother, including present birth 14 (21) Number of children of this mother now living, including present birth 12

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) L. W. Wood M.D.

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

Give name added from a supplemental report

(26) Witness

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

(27) Filed 19 (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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