

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville  
Township of Greenville  
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

42751

Registration District No. 2210 Registered No. 3  
(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 Sadie Mae Burkley {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 15, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frederick Burkley  
(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C. #3  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35  
(Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Eddie Mae Mayfield  
(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C. #3  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25  
(Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(20) Number of children born to mother, including present birth 4 (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 Born alive at 7:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella C. White (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

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

(27) Filed Dec 15, 1922 (28) J. T. Slater 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.