

(1) PLACE OF BIRTH

County of ClarendonTownship of Union

Inc. Town of

City of

(No. St.; Ward)
(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

3766

Registration District No. 1312 Registered No. 9
(For use of Local Registrar)(2) Full Name of Child Lillie Bell Burgess

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?

(7) DATE OF

BIRTH Jan 31 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wesley Burgess

(9) PRESENT POSTOFFICE OF FATHER

Hobbs S C

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY... 32 (Years)

(12) BIRTHPLACE

Clarendon Co S C

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Cooper

(15) PRESENT POSTOFFICE OF MOTHER

Hobbs S C

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY... 28 (Years)

(18) BIRTHPLACE

Clarendon Co S C

(19) OCCUPATION

Farming, Labor & House wife

(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... alive... at. 110 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Reita Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Morganville S C

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 5 1922

(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.

MARGIN SPACES NOT FOR WRITING.

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS ASSISTANT. IT IS A PUBLIC DOCUMENT AND SHOULD BE KEPT IN A SAFE PLACE. IT IS NOT TO BE DESTROYED OR DISCARDED UNTIL AFTER THE EXPIRATION OF THE TERM OF YEARS FOR WHICH IT WAS ISSUED.