

(1) PLACE OF BIRTH

County of Auclerion
 Township of York
 or
 Inc. Town of

City of

CERTIFICATE OF BIRTH

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

Registration District No. 325

File No.—For State Registrar Only

225

Registered No. 11
 (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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet?

(5) Number in order of birth
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 25 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME K. Sal. Burdett

(9) PRESENT POSTOFFICE OF FATHER Loomville SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (Year)

(12) BIRTHPLACE Beaufort Co SC

(13) OCCUPATION Farmer

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

1 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Brasher

(15) PRESENT POSTOFFICE OF MOTHER Loomville SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (Year)

(18) BIRTHPLACE Buncombe Co N.C.

(19) OCCUPATION Housewife

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

1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P M.
 on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) J. M. K. Brown M.D.

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

Given name added from a supplemental report

(26) Witness

(27) Filed Feb 10 22 (28) J. T. G. Williams
 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.

MADE FOR THE STATE OF SOUTH CAROLINA

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR, COUNTY OF COLUMBIA, SOUTH CAROLINA.