

## (1) PLACE OF BIRTH

County of Florence  
 Township of Matto  
 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

22184

Registration District No. 7012 Registered No. 51  
 (For use of Local Registrar)

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

(2) Full Name of Child Elizabeth B. B. B.

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 June 20, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Louis Burgess

(9) PRESENT POSTOFFICE OF FATHER Scranton #1

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37  
 (Years)

(12) BIRTHPLACE Scranton SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma B. B.

(15) PRESENT POSTOFFICE OF MOTHER Scranton #1

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29  
 (Years)

(18) BIRTHPLACE Scranton

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah P. Myers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness M. P. Myers  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/22 19 22 (28) A. B. Kelley  
 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.

N. B.—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.