

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield S. C. **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
64232

Inc. Town of

Registration District No.

Registered No.

(For use of Local Registrar)

City of

(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 John B. Burrell

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is to be answered only in case of Twins or Triplets

(5) Number in order of birth

4

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 15

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Louis Beard

(9) PRESENT POSTOFFICE OF FATHER

Lumpkin, Fla.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Fairfield Co. S. C.

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Alberta Lighthouse

(15) PRESENT POSTOFFICE OF MOTHER

Rockton, S. C.

(16) COLOR OR RACE

Brown

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Township 9, Fairfield Co. S. C.

(19) OCCUPATION

Farming

(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 June 15 at 3 o'clock P. M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mrs. Ella GillRockton S. C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed July 10 1914

(28)

D. C. Burrell

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 8.
 McCaw, of Columbia