(1) PLACE OF BIRTH

County of Florence

Township of Lane

or

Inc. Town of

or

City of

(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
6920

Registration District No. 2009 Registered No. 18
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Dixie 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
Girl	\	\	Yes	Feb 17 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Raleigh Burgess	(14) NAME BEFORE MARRIAGE	Annie Singletary
(9) PRESENT POSTOFFICE OF FATHER	Scranton S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Scranton S.C.
(10) COLOR OR RACE	Col	(16) COLOR OR RACE	Col
(11) AGE AT LAST BIRTHDAY (Years)	21	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	Florence Co	(18) BIRTHPLACE	Florence Co
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah Cockfield

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Scranton S.C.

Given name added from a supplemental report

[illegible] necessary only [illegible]