

(1) PLACE OF BIRTH

County of FairfieldTownship of H 9

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3751

Registration District No. 1908Registered No. 8

(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 Henrietta Burr

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

(3) BOY OR GIRL Girl(4) Twin or Triplet X(5) Number in order of birth 9(6) Are Parents Married yes

(7) DATE OF BIRTH

Jul 29 1923

FATHER.

(8) FULL NAME

George Burr

(9) PRESENT POSTOFFICE OF FATHER

Wilmington SS

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

45

(12) BIRTHPLACE

Fairfield S.C.

(13) OCCUPATION

Farm laborer

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Elle M. Gill

(15) PRESENT POSTOFFICE OF MOTHER

Wilmington

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

35

(18) BIRTHPLACE

Fairfield S.C.

(19) OCCUPATION

Farm laborer

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Ellie Alston

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Wilmington S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Date

Feb 7 1923

When there was no physician or midwife, then the father, householder, etc., should make the report. If a child is reported as stillborn, No report is desired of either parent for last month of pregnancy.