

THIS IS A PERMANENT RECORD.  
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.

(1) PLACE OF BIRTH

County of Letting Town  
Township of Livingston  
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  
**31144**

Registration District No. 3101 Registered No. 81  
(For use of Local Registrar)

(2) Full Name of Child Ellen Burgess (If child is not yet named, make supplemental report as directed.)

3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 28, 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Mitchell Burgess  
9) PRESENT POSTOFFICE OF FATHER Newbrookland  
10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38 (Years)  
12) BIRTHPLACE L.C.  
13) OCCUPATION Farmer  
20) Number of children born to mother, including present birth 7

MOTHER.

14) NAME BEFORE MARRIAGE Hellie Foster  
15) PRESENT POSTOFFICE OF MOTHER Newbrookland  
16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)  
18) BIRTHPLACE L.C.  
19) OCCUPATION Housewife  
21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Ellen Burgess  
(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Newbrookland

Given name added from a supplemental report

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

(27) Filed 2/6 19 22 at L.C. 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.

SECURE AND KEEP MONTH OF PREGNANCY.