

## (1) PLACE OF BIRTH

County of Lexington  
 Township of Gilbert's Hollow  
 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

43518

Registration District No. 3107 Registered No. 93  
 (For use of Local Registrar)

(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 Carl Edward Burkett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 31, 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Felder Burkett  
 (9) PRESENT POSTOFFICE OF FATHER Lusville S.C. R.F.D. No 2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE Lexington County  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Fox  
 (15) PRESENT POSTOFFICE OF MOTHER Lusville S.C. R.F.D. No 2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Lexington County  
 (19) OCCUPATION House-wife  
 (20) Number of children born to mother, including present birth 6  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Sidney Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lusville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

R. O. Shealy 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.

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