

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of GreenvilleCity of Greenville

(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

14196

Registration District No. 214 Registered No. 141

(For use of Local Registrar)

(2) Full Name of Child

Heroy Burrell

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

(3) SEX OF CHILD

boy

(4) Twin or Triplet

X

(5) Number in order of birth

X

(6) Age of Child

4 1/2

(7) DATE OF BIRTH

Mar 61923

(Name of Month)

(Day)

(Year)

FATHER

(8) FULL NAME

Ralph Lee Burrell

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26

(Year)

(12) BIRTHPLACE

Irish N.Y.

(13) OCCUPATION

Lexile

MOTHER

(14) NAME BEFORE MARRIAGE

Brightly Todfrey

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

18

(Year)

(18) BIRTHPLACE

Illinois Ill.

(19) OCCUPATION

Housewife

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

(one (1))

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

(one (1))

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at 2:30 P. M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 1 1923

(28)

Thos. M. M.

Local Registrar

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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.