

## (1) PLACE OF BIRTH

County of LancasterTownship of Proctor

Inc. Town of .....

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

4339

Registration District No. 2500Registered No. 13

(For use of Local Registrar)

## (2) Full Name of Child

3) BOY OR GIRL

Boy

4) Twin or Triplet

To be answered only in event of Twin or Triplet

5) Number in order of birth

6) Are Parents Married

Yes

7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

8) FULL NAME

Z H Burr

9) PRESENT POSTOFFICE OF FATHER

Proctor, Lancaster, SC

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42

12) BIRTHPLACE

LS

13) OCCUPATION

Farmer

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

14

14) NAME BEFORE MARRIAGE

Nannie Neal

15) PRESENT POSTOFFICE OF MOTHER

Lancaster, SC

16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

42

18) BIRTHPLACE

No bar

19) OCCUPATION

Housewife

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

14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:10 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(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) Date March 7, 1923 (28) C. M. Hanson 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.