

THIS FORM IS TO BE USED FOR RECORDING THE BIRTH OF A CHILD. IT IS A PERMANENT RECORD. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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 Lawrence
 Township of Waterloo
 OF Nte #6
 Inc. TOWN OF Lawrence
 OF Lawrence
 City of Lawrence

(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

No. 35. — For State Registrar Only
35291

Registration District No. 2907

Registered No. 76
 (For use of Local Registrar)

(2) Full Name of Child Everette Burt

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? —
 To be answered only in case of Twins or Triplets

(5) Number in order of birth —

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct 13th 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest Lawrence Burt

(9) PRESENT POSTOFFICE OF FATHER Lawrence #6 S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Years)

(12) BIRTHPLACE Obberville, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Emily Martin

(15) PRESENT POSTOFFICE OF MOTHER Lawrence #6 S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Years)

(18) BIRTHPLACE Lawrence, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:12 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Pearson

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Ward Street, S.C.

Given name added from a supplemental report

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

19 10 Registrar

(27) Signed M. W. O. 10 22 22 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.