

FOR BINDING.
THIS IS A PERMANENT RECORD.
STATE BLANK for each child, and
SEE, No. 2, etc., in question 5.

OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar

73858

Residence of
or
Town of Registration District No. 3204 Registered No. 45-
(For use of Local Registrar)
or
of (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. Jessie Burr { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 8

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Boran Burr

(9) PRESENT POSTOFFICE OF FATHER

Sellers

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 55 (Years)

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Flowers

(15) PRESENT POSTOFFICE OF MOTHER

Sellers

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE

Marion County

(19) OCCUPATION

house work

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

attended the birth of this child, who was June 9 at 1.0 P. M.,
(Born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

East of Franklin

(26) Witness

Joe M. Bass

(Signature of when questioned)

necessary only

(27) Filed

Local Registrar.

Make this return. If births before the