

## (1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. - For this registration

772

Registration District No. 1314Registered No. 1  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Burnetta Bailey

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

(a) SEX OF CHILD <u>girl</u>	(b) Type of Birth <u>Normal</u>	(c) Number of Children of this Mother <u>yes</u>	(d) Date of Birth <u>Jan. 14, 1928</u>
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## FATHER.

## MOTHER.

(a) Full Name James Bailey(1a) Name before marriage Winnie Scott(b) Present Name of Father Alcohol S.C.(1b) Present Name of Mother Alcohol S.C.(1c) COLOR Negro (1d) AGE AT LAST BIRTH 26(1c) COLOR Negro (1d) AGE AT LAST BIRTH 28(1e) BIRTHPLACE S.C.(1e) BIRTHPLACE S.C.(1f) OCCUPATION Saw-mill Land(1f) OCCUPATION House wife(2a) Number of children born to mother, including present birth 4(2b) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(2d) (Signature)

(2e) State whether Physician or Midwife

(2f) Address of Physician or Midwife

Given name added from a supplemental report

(2g) Witness James Bailey  
(Signature of Witness necessary only when question is signed by mark)(2h) Filed June 14, 1928 (2i) R. E. Thompson

\*When there was no attending physician or midwife, when the father, householder, or other person, if a child breathes on once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.