

Form No. 3

(1) PLACE OF BIRTH

County of Florence
 Township of Florence

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

381089

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

Registration District No. 1. A. Registered No. 88
 (For use of Local Registrar)
 (No. Charlotte St.; Ward)

(2) Full Name of Child

Mary Burnett

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

7. Sex of Child girl 8. Twin or Triplet No 9. Number in order of birth 1 10. Are Parents Married Yes 11. DATE OF BIRTH Feb 26 23
 (Name of Month) (Day) (Year)

FATHER

12. FULL NAME Amos Burnett13. PRESENT POSTOFFICE OF FATHER Florence, S.C.14. COLOR OR RACE Colored 15. AGE AT LAST BIRTHDAY 31 (Year)16. BIRTHPLACE Florence17. OCCUPATION Railroad18. Number of children born to mother, including present birth three (3)

MOTHER

19. NAME BEFORE MARRIAGE Mary Cato20. PRESENT POSTOFFICE OF MOTHER Florence, S.C.21. COLOR OR RACE Colored 22. AGE AT LAST BIRTHDAY 28 (Year)23. BIRTHPLACE Florence24. OCCUPATION House Clean (Domestic)25. Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was alive at 11 M. on the date above stated. (Born alive or stillborn) Hour, M. or P. M.)

(27) (Signature) Jerma Wright (28) Address of Physician or Midwife his wife

Given name added from a supplemental report

(29) Witness Jerma Wright (Signature of Witness necessary only when question 26 is signed by mark)

(30) Filed Feb 26 23 (31) P. H. Bushman Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.