

(1) PLACE OF BIRTH

County of Berkley
 Township of St. Stephens
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33318

Registration District No. 706 Registered No. 55
 (For use of Local Registrar)

City 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 Dorelean Burgess 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 event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 21 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charley Burgess
 (9) PRESENT POSTOFFICE OF FATHER Bismear, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Berkley Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Janice Small
 (15) PRESENT POSTOFFICE OF MOTHER Bismear, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 12 (Year)
 (18) BIRTHPLACE Berkley Co.
 (19) OCCUPATION House Work
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elice Brown (24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Bismear, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 29 1922 (28) J. J. Perry 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.