

(1) PLACE OF BIRTH

County of Greenville, S.C.Township of Butleror
Inc. Town of S.C.City of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — for State Registrar Only

4010

Registration District No. 2202Registered No. 5
(For use of Local Registrar)

(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

Burns If child is not yet named, make supplemental report as directed(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Yes (7) DATE OF BIRTH Feb. 6 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pinkney Burnes(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. R. 8(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Larrie Ross(16) PRESENT POSTOFFICE OF MOTHER Greenville, S.C. R. 8(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 37 (Year)(19) BIRTHPLACE Greenville, S.C.(20) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (How M. or P. M.)
on the date above stated.(23) (Signature) Oliver Stinson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.Given under oath from a supplement-
ary report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 15 1923 (28) 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.