

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29233

Registration District No. 9A Registered No. 1369

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Carolyn Frances Burton

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 18, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm E. more M. Burton(9) PRESENT POSTOFFICE OF FATHER Station 8, navy yard Charleston S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Charleston(13) OCCUPATION laborer(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Ruth E. Green(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Gaffney, S.C.(19) OCCUPATION domestic(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 Born alive at 445 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. G. Gilmers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Charleston S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 9/19/22 (28) J. G. Gilmers 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.

McCraw, of Columbia FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in each city, and mark the