

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McALISTER, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Spartanburg  
 Township of Glenade  
 or  
 Inc. Town of Glenade  
 or  
 City of .....

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

File No.—For State Registrar Only

40084

Registration District No. 4008... Registered No. 371  
 (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 Hellers, L. Burgess

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 22 (6) Age Parents Married? yes (7) DATE OF BIRTH Sept. 17, 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Leather V. Burgess  
 (9) PRESENT POSTOFFICE OF FATHER Glenade  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)  
 (12) BIRTHPLACE Pearson S. C.  
 (13) OCCUPATION Mill Work

MOTHER. Blackwell  
 (14) NAME BEFORE MARRIAGE Kellie M. Blackwell  
 (15) PRESENT POSTOFFICE OF MOTHER Glenade  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15 (Year)  
 (18) BIRTHPLACE Glenade  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. M. Allen

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

Given name added from a supplemental report

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

(27) Filed Nov. 12, 1922 (28) Mrs. C. F. Parker 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.