

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Spartanburg

(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

27835

Registration District No. 40-a Registered No. 367

(For use of Local Registrar)

(No. Severe Wp. St.; ..... Ward)(2) Full Name of Child Frances Burnett {If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH: <u>Feb 26</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Geo. Burnett9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 22  
(Years)12) BIRTHPLACE S.C.13) OCCUPATION Mill work (cotton)20) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Doris Satterfield15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.16) COLOR OR RACE 17) AGE AT LAST BIRTHDAY 19  
(Years)18) BIRTHPLACE S.C.19) OCCUPATION Mill work (cotton)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 10:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Beaul R. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife 126 E. Main St.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9-1-22 1922 (28) Jas. Copes  
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.

before the fifth month of pregnancy.

before the fifth month of pregnancy.