

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>A. Hershell</u>		STATE OF SOUTH CAROLINA		6225	
Township of <u>Calhoun Falls</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Calhoun Falls</u>		State Board of Health			
City of		Registration District No. <u>109</u>		Registered No. <u>13</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Orrian Irene Burford</u> child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 11, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Leighton S. Burford</u>			(14) NAME BEFORE MARRIAGE <u>Fannie May Bell</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Calhoun Falls, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun Falls, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>Elbert Co. Ga</u>			(18) BIRTHPLACE <u>Sherrill Co</u>		
(13) OCCUPATION <u>Mail carrier</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>D. D. Tate, M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Calhoun Falls</u>					
Given name added from a supplemental report			(26) Witness		
..... 19			(27) Filed <u>April 6, 1922</u>		
Registrar			(28) <u>H. L. Hance</u> 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.