

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Bull Creek
 OF
 Inc. Town of _____
 OF
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9515

Registration District No. 4403 Registered No. 7
 (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 Harmon Mary Burruss 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 _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 7 1922
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edison Burruss
 (9) PRESENT POSTOFFICE OF FATHER Bull Creek SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 47 (Years)
 (12) BIRTHPLACE York Co
 (13) OCCUPATION Harmon
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha B. Robinson
 (15) PRESENT POSTOFFICE OF MOTHER Bull Creek SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 47 (Years)
 (18) BIRTHPLACE York Co SC
 (19) OCCUPATION House wife
 (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 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Indice Mary Jane Burruss
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharon SC P. H. 2

Given name added from a supplemental report

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

(27) Filed Jan 11 1922 (28) W. A. Linkshell 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.

WRITED 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.

MISSOURI COLUMBIA, COLUMBIA, D. C.