

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

File No.—For State Registrar Only

43487

(1) PLACE OF BIRTH

County of Livingston
Township of Christy
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3104 Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child

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

| | | | | |
|--|---|---|---|--|
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or Triplet? 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>Dec 13, 1922</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>George Simon Burgess</u> | | | (14) NAME BEFORE MARRIAGE <u>Eatelle Kneer</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Samaria, S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Samaria, S.C.</u> | |
| (10) COLOR OR RACE <u>White</u> | | (11) AGE AT LAST BIRTHDAY <u>36</u> (Years) | (16) COLOR OR RACE <u>White</u> | |
| (12) BIRTHPLACE <u>Livingston Co</u> | | | (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) | |
| (13) OCCUPATION <u>Farmer</u> | | | (18) BIRTHPLACE <u>Aiken Co</u> | |
| (20) Number of children born to mother, including present birth <u>8</u> | | | (19) OCCUPATION <u>House wife</u> | |
| (21) Number of children of this mother now living, including present birth <u>8</u> | | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Helton

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Bellevue S.C.

Given name added from a supplemental report

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

(27) Filed 12/28/22 (28) A. B. Dutton 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.

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M. B.—In case of TWIN or TRIPLETS use a SUPPLEMENTAL REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8, MARGEN BEHOLD' REP FOR BUNDLING. WRITE PLAINLY, WITH UNFADING INK.—FILL IN A PERMANENT RECORD.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.