

(1) PLACE OF BIRTH

County of

Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

21130

Township of

Piedmont

Registration District No. *22^c*

Registered No.

40

(For use of Local Registrar)

or
Inc. Town of
or
City of

(No.) (Name of same, instead of street and number.) (M.:) (Ward)

(2) Full Name of Child *Velma A. Burrell*

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

(6) ~~Age~~ ^{Married} ~~Married?~~

(7) DATE OF BIRTH

July 26, 23

(Name of Month) (Day), (Year)

(8) FULL NAME

FATHER Otto. Burrell

(14) NAME BEFORE MARRIAGE

MOTHER Luciel. Cox

(9) PRESENT POSTOFFICE OF FATHER

Piedmont S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20
(Years)

(12) BIRTHPLACE

N.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

mill

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8:20* *A.* M., on the date above stated. (Born *alive* or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife *Physician*

(25) Address of Physician or Midwife *Piedmont S.C.*

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) File

Aug/23

191.....

[Signature]

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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