

1. PLACE OF BIRTH
 County of Laurens
 Township of Laurens
 OR
 Int. Town of Laurens
 OR
 City of Laurens

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

File No. — For State Registrar Only
19237

Registration District No. 1 St. 1 Ward 1
 Registered No. 19237
 (For use of Local Registrar)

2. Full Name of Child Benjamin Franklin Burns
 If child is not yet named, make supplemental report as directed

3. SEX Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 21, 1922
 To be answered only in event of Twin or Triplets

FATHER.
 8. NAME Thomas Jefferson Burns
 9. RESIDENCE Laurens Cotton Mill
 10. COLOR White 11. AGE AT LAST BIRTHDAY 30
 12. BIRTHPLACE D.C.
 13. OCCUPATION Weaver

MOTHER.
 14. NAME BEFORE MARRIAGE Lila Weeks
 15. PRESENT POSTOFFICE OF MOTHER Laurens D.C.
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 30
 18. BIRTHPLACE D.C.
 19. OCCUPATION House wife
 20. Number of children of this mother now living, including present birth 4

21. I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M. on the date above stated.
 (22) (Signature) Robert P. McConner
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Laurens

Given name added from a supplemental report
 (25) Witness E. Kennedy
 (Signature of Witness necessary only when question 23 is signed by mark)
 Local Registrar

THIS IS A PERMANENT RECORD
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE CARD FOR EACH CHILD AND MARK THE FIRST-BORN NO. 1 THE OTHER NO. 2, 3, ETC. IN QUESTION 5

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child is born dead, no report is desired of stillbirths at each month of pregnancy.