

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Chesterfield
 Township of Ple. Dean
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29620

Registration District No. 120.8 Registered No.
 (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 Burns If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 12, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Anderson Burns

(9) PRESENT POSTOFFICE OF FATHER Society Hill, R. 3

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY about 35 (Year)

(12) BIRTHPLACE Chesterfield Co. S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Sophie Buchanan

(15) PRESENT POSTOFFICE OF MOTHER Society Hill, R. 3

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY about 28 (Year)

(18) BIRTHPLACE Chesterfield Co.

(19) OCCUPATION Farm house work

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vincent Jones

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston, R. 12

Given name added from a supplemental report

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

(27) Filed 19 (28) D. I. Matheson 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.