

(1) PLACE OF BIRTH

County of *Chesterfield*Township of *P.O. Hill*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

24000

Registration District No. *1208* Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Edgar Burns* If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet? <i>No</i> To be answered only in event of Twin or Triplet	5) Number in order of birth <i>1</i>	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Aug 17 1923</i> (Name of Month) (Day) (Year)
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FATHER.			MOTHER.		
8) FULL NAME <i>Isaac Burns</i>	14) NAME BEFORE MARRIAGE <i>Fiddie Buchanan</i>				
9) PRESENT POSTOFFICE OF FATHER <i>Society Hill, R. 3</i>	15) PRESENT POSTOFFICE OF MOTHER <i>Society Hill, R. 3</i>				
10) COLOR OR RACE <i>N</i>	16) COLOR OR RACE <i>N</i>	11) AGE AT LAST BIRTHDAY <i>26</i> (Year)	17) AGE AT LAST BIRTHDAY <i>26</i> (Year)		
12) BIRTHPLACE <i>Chesterfield Co.</i>	18) BIRTHPLACE <i>Chesterfield Co.</i>				
13) OCCUPATION <i>Farmer</i>	19) OCCUPATION <i>Farm & home work.</i>				
20) Number of children born to mother, including present birth <i>15</i>	21) Number of children of this mother now living, including present birth <i>4</i>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <i>Hattie Nesbit</i>	(24) State whether Physician or Midwife <i>Midwife</i>	(25) Address of Physician or Midwife <i>Society Hill, R. 3</i>
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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. J. 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.