

Form No 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Beaufort
 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.)

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

58757

Registration District No. 680Registered No.
(For use of Local Registrar)(2) Full Name of Child Jack Burns

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April, 8, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nehemiah Wallace(9) PRESENT POSTOFFICE OF FATHER Burton S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Old French Plantation Port Royal(13) OCCUPATION Day laborer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Burns(15) PRESENT POSTOFFICE OF MOTHER Burton S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Old Rhett Plantation Port Royal(19) OCCUPATION Day laborer(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive Term P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel E. Mc Knight(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Burton S.C. J. W. Marks

Given name added from a supplemental report

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Registrar

(26) Witness Lillian H. Rice

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

(27) Filed 4/11/16 1916 (28) W. M. Davis 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia