

WRITE 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.

McGraw, of Columbia.

# (1) PLACE OF BIRTH County of Greenville Township of Greenville 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.) STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only  
**36126**

Registration District No. 3707 Registered No. 16  
 (For use of Local Registrar)  
 Ward

(2) Full Name of Child Lucy Charlotte If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 22  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Doc &amp; Charlotte</u>	(14) NAME BEFORE MARRIAGE	<u>Louise Burgess</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Pickens 6</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Pickens 6</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE	<u>Columbia</u>	(18) BIRTHPLACE	<u>Columbia</u>
(13) OCCUPATION	<u>Teacher</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>4</u>	(21) Number of children of this mother now living, including present birth	<u>4</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Pickens 6 (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Louise Burgess  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report ..... 191.....  
 Registrar

(26) Witness L. C. [Signature] (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct 12 1912 (28) [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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