

## (1) PLACE OF BIRTH

County of Florence

Municipality of .....

or Town of .....

City of Florence

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 16.—For State Registration

3817

Registration District No. 20A Registered No. 87

(Use of Local Registrar)

(No. 40 W. B. Cunningham Ward)

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

(2) Full Name of Child Thomas + B. Burnham (If child is not yet named, make supplemental report as directed)

(3) SEX <u>Male</u>	(4) AGE <u>40</u>	(5) DATE OF BIRTH <u>Feb 26, 23</u>
(6) SEX <u>Male</u>	(7) AGE <u>40</u>	(8) DATE OF BIRTH <u>Feb 26, 23</u>

(9) FULL NAME <u>W. P. Borman</u>	(10) NAME BEFORE MARRIAGE <u>Lucas Robinson</u>
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(11) PRESENT POSTOFFICE OF FATHER <u>Florence</u>	(12) PRESENT POSTOFFICE OF MOTHER <u>Florence</u>
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(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>40</u>	(15) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>36</u>
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(17) BIRTHPLACE <u>Manning S.C.</u>	(18) BIRTHPLACE <u>Florence</u>
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(19) OCCUPATION <u>Carpenter</u>	(20) OCCUPATION <u>Domestic</u>
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(21) Number of children born to father, including present one <u>10</u>	(22) Number of children of mother, including present one <u>10</u>
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(23) I hereby certify that I attended the birth of <u>Thomas + B. Burnham</u> on the date above stated.	(24) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(25) Signature of Registrar <u>W. B. Cunningham</u>	(26) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(27) Signature of Registrar <u>W. B. Cunningham</u>	(28) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(29) Signature of Registrar <u>W. B. Cunningham</u>	(30) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(31) Signature of Registrar <u>W. B. Cunningham</u>	(32) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(33) Signature of Registrar <u>W. B. Cunningham</u>	(34) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(35) Signature of Registrar <u>W. B. Cunningham</u>	(36) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(43) Signature of Registrar <u>W. B. Cunningham</u>	(44) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(45) Signature of Registrar <u>W. B. Cunningham</u>	(46) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(47) Signature of Registrar <u>W. B. Cunningham</u>	(48) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(49) Signature of Registrar <u>W. B. Cunningham</u>	(50) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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(51) Signature of Registrar <u>W. B. Cunningham</u>	(52) Signature of Physician or Midwife <u>Dr. H. H. Smith</u>
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