

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Darlington

Township of

Inc. or Town of Hartsville

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

45957

Registration District No. 15-P Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child. Robert Cecil Burgin { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 25</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Henry Burgin(9) PRESENT POSTOFFICE OF FATHER Hartsville SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE North Carolina(13) OCCUPATION Chaplain(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Killian(15) PRESENT POSTOFFICE OF MOTHER Hartsville SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Catawba Co. N.C.(19) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hartsville SC

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed Jan 31 1916 (28) J. B. 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.