

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

File No.—For State Registrar Only
65141

(1) PLACE OF BIRTHCounty of LeeTownship of Express

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.)

Registration District No. 3001

Registered No. (For use of Local Registrar)

(2) Full Name of Child Martha Lee Bourgh

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 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 14 1916
(Name of Month) (Day) (Year)

FATHER.(8) FULL NAME Alan Bourgh(9) PRESENT POSTOFFICE OF FATHER Lamar(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Express(13) OCCUPATION Work(20) Number of children born to mother, including present birth 1**MOTHER.**(14) NAME BEFORE MARRIAGE Willie Sanders(15) PRESENT POSTOFFICE OF MOTHER Lamar(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Express(19) OCCUPATION farmer(21) Number of children of this mother now living, including present birth 1**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was Born at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary West(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife

Given name added from a supplemental report

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Registrar

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

(27) File June 17 1916 (28) W. J. B. Ross 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.