(1) PLACE OF BIRTH

County of Williamsburg,

Township of Kingstree,

or

Inc. Town of ..... ,

or

City of ..... S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32581

Registration District No. 434. Registered No. 40.

(For use of Local Registrar)

(No. Nelson St.; ..... Ward)

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

(2) Full Name of Child Harry Burgess. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	—	—	Yes	Sept. 5, 1922. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Burgess,

(9) PRESENT POSTOFFICE OF FATHER Kingstree, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Clarendon Co., S. C.

(13) OCCUPATION Farm Work.

(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Fulton,

(15) PRESENT POSTOFFICE OF MOTHER Kingstree, S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Manning, S. C.

(19) OCCUPATION Field Work.

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Lizzie Single (23) (Signature)

(24) State whether Physician or Midwife: Negro (C) was the Midwife

(25) Address of Physician or Midwife: Kingstree, S.C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct. 13, 1922. (28) J. G. McCutchen, 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.

S. C. Form 10 Rev. 1922—No. 1, THIS CERTIFICATE, No. 2, see, in duplicate, SPECIFICATIONS