

Form No 1.

(1) PLACE OF BIRTH
County of Fairfield
Township of #1
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.)

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

File No.—For State Registrar Only
48941

Registration District No. 1900 Registered No. 13
(For use of Local Registrar)
City of (No.) St. Ward

(2) Full Name of Child Martha Burns { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 26, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Morris Burns
(9) PRESENT POSTOFFICE OF FATHER Shelton, S. C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Peaks, S. C.
(13) OCCUPATION Public Work
(20) Number of children born to mother, including present birth { 3

MOTHER.
(14) NAME BEFORE MARRIAGE Mattie Lewis
(15) PRESENT POSTOFFICE OF MOTHER Shelton, S. C.
(16) COLOR OR RACE Mulatto (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Shelton, S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Edmund Meador
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Shelton S. C.

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

(26) Witness B. C. Wilson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 28, 1916 (28) H. G. Colvin
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.

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 8.
McCaw, of Columbia.