

1. PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number. If child is not yet named, make supplemental report as directed.)

2. FULL NAME OF CHILD

MARY ELIZABETH BURN

3. Boy or Girl

Girl

If Plural

births

4. Twin, triplet, or other

6. Premature

7. Age Parents

8. Date of birth

19 16

5. Number, in order of birth

Full term

Married

9. Full name

FATHER

WM. ALONZO BURN

10. Residence (mailing address)

(If non-resident, give place and State)

71 Line St.

11. Color or race

White

12. Age at last birthday

49

(Years)

13. Birthplace (city or place)

Charleston

(State or country)

S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Rail Road

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

Present

19

17. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child)

6

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

28. If stillborn,

months

weeks

29. Cause of stillbirth

Specify any physical deformities of child at birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report

(Date of)

Registrar.

(Signed)

or

Address

461 Meeting St.

Filed

3/8

19

18J.M. Brown, M.D.

Corrected: AUG 17 1948