

MARGIN RESERVED FOR BINDING.
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.

MECAN OF COLUMBIA, COLUMBIA, S. C.

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33388

Registration District No. 9 A Registered No. 1483

(For use of Local Registrar)

(2) Full Name of Child Glyde Randolph Burns

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Sept 22 1927

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Allen Smart Burns

(9) PRESENT POSTOFFICE OF FATHER

138 1/2 Lurie St

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Ironing Salesman

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

1 2

MOTHER.

(14) NAME BEFORE MARRIAGE

Abella G. Richter

(15) PRESENT POSTOFFICE OF MOTHER

138 1/2 Lurie St

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:05 P M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature)

John A. W. W. W.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

138 1/2 Lurie St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10/9/27

(28)

Local Registrar

19

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.

*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.