

## (1) PLACE OF BIRTH

County of YamhillTownship of Peruor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 4308 Registered No. 50  
(For use of Local Registrar)

(No. .... 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 Moses Burris If child is not yet named, make supplemental report as directed(3) SEX OR GUILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 28 1924  
(Name of Month) (Day) (Year)(8) FULL NAME William Burris(9) PRESENT POSTOFFICE OF FATHER Salter Depot S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 50  
(Year)(12) BIRTHPLACE Yamhill co. S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Lurana Mayes(15) PRESENT POSTOFFICE OF MOTHER Salter Depot S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 42  
(Year)(18) BIRTHPLACE Yamhill co. S.C.(19) OCCUPATION Farm Laborer(20) Number of children of this mother now living, including present birth 16

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Jane Dozier(23) State whether midwife(24) Address of Physician or Midwife Lanes, S.C.

Given name added from a supplemental report

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

(26) Filed June 30 1924 (27) Local Registrar A. H. Moseley

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.