

(1) PLACE OF BIRTH

County of Lancaster
 Township of Young
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

19295

Registration District No. 2908 Registered No. 32
 (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

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? No (5) Number In order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan - 4 - 29
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jim Burns
 9) PRESENT POSTOFFICE OF FATHER Fountain Lake, S.C.
 10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
 (Years)
 12) BIRTHPLACE S.C.
 13) OCCUPATION Farm.
 20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Comelia Fuller
 (15) PRESENT POSTOFFICE OF MOTHER Ft. Y. Me. S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. A. Thompson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ft. Y. Me. S.C.

Given name added from a supplement-
 tal report

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

(27) Filed 7/10/29 (28) R. H. Harris
 Registrar 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.