

Form No 1.

## (1) PLACE OF BIRTH

County of Williamsburg  
Township of Mouzens

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

54078

Inc. Town of ..... Registration District No. 4306 Registered No. 25  
(For use of Local Registrar)  
City of ..... (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 Modicai Burgess { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 18</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Lyons Boray Burgess</u>			(14) NAME BEFORE MARRIAGE <u>Elizabeth Burgess</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cades S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cades S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(12) BIRTHPLACE <u>Williamsburg Co. S.C.</u>			(18) BIRTHPLACE <u>Williamsburg Co. S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 o'clock P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mansy M. Hines

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeCades S.C.

Given name added from a supplemental report

(26) Witness M.R. D. Baskin  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed April 1916 (28) J. T. Harrison  
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.

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 2.

McCaw, of Columbia.