(1) PLACE OF BIRTH

County of Richland

Township of .....

OR

Inc. Town of .....

OR

City of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18903

Registration District No. 38a

Registered No. 470
(For use of Local Registrar)

(No. Davis Hospital 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 James Tekay Burgess Jr (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 9 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME James Tekay Burgess

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION R.R. Conductor

(20) Number of children born to mother, including present birth: One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Clark

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Fairfield Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth: One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Thos. Wilder Boyd Jr

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed July 3 1923 (28) C. J. S. Owen Acting State 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.

Before the fifth month of pregnancy.