

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.

McGraw, of Columbia

Township Ward or
Inc. Town of Registration District No. 4001 Registered No. 16
(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 Maggie Burgess } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 25-6
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Burgess

(9) PRESENT POSTOFFICE OF FATHER Campbells

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Eloza Liles

(15) PRESENT POSTOFFICE OF MOTHER Campbells

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

(18) BIRTHPLACE S. C.

(19) OCCUPATION domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Wilson

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

Given name added from a supplemental report

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Registrar

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

(27) Martha 191... (28) A. G. Burton 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.

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