

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

54104

Registration District No. 4313 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Robert David Burgess. { 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 case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

March, 21, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Hannan Burgess

(9) PRESENT POSTOFFICE OF FATHER

Monrovia S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Charleston Co. S.C.

(13) OCCUPATION

Farming

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Ester Burgess

(15) PRESENT POSTOFFICE OF MOTHER

Monrovia S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Charleston Co. S.C.

(19) OCCUPATION

Housewife

(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 9 o'clock a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

M. L. Burgess

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Monrovia S.C. P.O. 245

Given name added from a supplemental report

, 191...

Registrar

(26) Witness

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

(27) Filed Mar 25, 1916

(28) A. L. Burgess

Local Registrar.

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 5.

McCawley of Columbia

N. B.

McCawley

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.