

(1) PLACE OF BIRTH

County of *Williamsburg*
Township of *Charleston*

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

54104

Inc. Town of or
City of (No. St.; and Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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 (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *March, 21, 1916*
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Hammer Burgess*

(14) NAME BEFORE MARRIAGE *Anna Estel Burgess*

(9) PRESENT POSTOFFICE OF FATHER *Moultrie S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Moultrie S.C.*

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

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19* (Years)

(12) BIRTHPLACE *Charleston Co. S.C.*

(18) BIRTHPLACE *Charleston Co. S.C.*

(13) OCCUPATION *Farming*

(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *2*

(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.* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *Mary P. Burgess*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Moultrie S.C. P.O.*

Given name added from a supplemental report

(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

*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.

Registrar | 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.

N. B. McCaw

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