

MARGIN RESERVED FOR BINDING.  
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.  
McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Georgetown  
Township of # 2  
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.)

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

File No.—For State Registrar Only  
**72836**

Registration District No. 2101 Registered No. 53  
(For use of Local Registrar)

(2) Full Name of Child Dorothy Burgess { If child is not yet named, make supplemental report as directed

|  |  |                                 |   |   |
|--|--|---------------------------------|---|---|
| (3) <del>BOY OR GIRL?</del>  | (4) Twin or Triplet?<br><small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth    | (6) Are Parents Married? <u>yes</u>   | (7) DATE OF BIRTH <u>Aug. 23</u><br><small>(Name of Month) (Day) 191<u>6</u> (Year)</small> |
| FATHER.  |  |                                 | MOTHER.   |   |
| (8) FULL NAME <u>Ira J Burgess</u>   |  |                                 | (14) NAME BEFORE MARRIAGE <u>Hattie F. Flowers</u>                                    |   |
| (9) PRESENT POSTOFFICE OF FATHER <u>Sampit SC</u>                          |  |                                 | (15) PRESENT POSTOFFICE OF MOTHER <u>Sampit SC</u>                                    |   |
| (10) COLOR OR RACE <u>White</u>  | (11) AGE AT LAST BIRTHDAY <u>40</u><br><small>(Years)</small>                            | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>39</u><br><small>(Years)</small>                         |   |
| (12) BIRTHPLACE <u>Georgetown Co SC</u>                                    |  |                                 | (18) BIRTHPLACE <u>Georgetown Co SC</u>   |   |
| (13) OCCUPATION <u>Farmer</u>  |  |                                 | (19) OCCUPATION <u>Housekeeper</u>  |   |
| (20) Number of children born to mother, including present birth { <u>2</u> |  |                                 | (21) Number of children of this mother now living, including present birth { <u>4</u> |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)  
(23) (Signature) Ira J Burgess Father  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

|  |  |
|--|--|
| Given name added from a supplemental report<br>....., 191....<br>..... Registrar | (26) Witness <u>Julia S Bailey</u><br><small>(Signature of Witness necessary only when question 23 is signed by mark)</small><br>(27) Filed <u>8/29</u> 191 <u>6</u> (28) <u>W. W. Bailey</u> Local Registrar. |
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\*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.