

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

3284

Registration District No. 909

Registered No. 23

(For use of Local Registrar)

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

(2) Full Name of Child Emma Jane Burgess

(3) SEX OR CHILD

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Feb 10 1923

(Name of Month)

(Day)

(Year)

FATHER

(8) FULL NAME

Hesse Burgess

(9) PRESENT POSTOFFICE OF FATHER

North Charleston

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Williamsburg S. C.

(13) OCCUPATION

Common Laborer

MOTHER

(14) NAME BEFORE MARRIAGE

Susan Major

(15) PRESENT POSTOFFICE OF MOTHER

North Charleston

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

21 (Years)

(18) BIRTHPLACE

Berkley Co.

(19) OCCUPATION

Housework

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

1

(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 born alive at 6:30 A.M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

North Charleston

Given name added from a supplemental report

(26) Witness

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

(27) DIED

Feb 20 1923

(28)

C. F. Myers

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.