

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Privatistor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19326

Registration District No. 4104 Registered No. 52  
(For use of Local Registrar)(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 Sarah Elsie Burgess If child is not yet named, make supplemental report as directed3 SEX OR GIRL? Girl 4 Type of Triplet --- 5 Number in order of birth --- 6 Are Parents Married? yes 7 DATE OF BIRTH June 26, 1923  
To be answered only in event of Twins or Triplets

## FATHER.

8 FULL NAME Emery Burgess9 PRESENT POSTOFFICE OF FATHER Sumter, S.C. No. 2.10 COLOR OR RACE Colored 11 AGE AT LAST BIRTHDAY 33 (Year)12 BIRTHPLACE Clarendon Co. S.C.13 OCCUPATION Farming14 Number of children born to mother, including present birth Seven

## MOTHER.

14 NAME BEFORE MARRIAGE Dora Sticks15 PRESENT POSTOFFICE OF MOTHER Sumter, S.C. No. 2.16 COLOR OR RACE Colored 17 AGE AT LAST BIRTHDAY 39 (Year)18 BIRTHPLACE Sumter Co. S.C.19 OCCUPATION House and Field Work.20 Number of children of this mother now living, including present birth Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2.40 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) X. Embury Burgess (24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife XXXXXX Tinial, S.C.

Given name added from a supplemental report

(26) Witness X. Embury Burgess (Signature of Witness necessary only when question 22 is signed by nurse)(27) Filed 7-2-1923 (28) 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.