

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 Charleston

Township of

Inc. Town or City of

Charleston, S.C.

(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

75969

Registration District No. 9ARegistered No. 946
(For use of Local Registrar)(2) Full Name of Child Francis Arthur Burn

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>September 11th 1916</u>
				(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME <u>Arthur Ashley Burns</u>	(14) NAME BEFORE MARRIAGE <u>Margaret Catherine Reagan</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Typical Small Range High</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Typical Small Range High</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Charleston, S.C.</u>	(18) BIRTHPLACE <u>Charleston, S.C.</u>
(13) OCCUPATION <u>Light House Keeper</u>	(19) OCCUPATION <u>at home</u>
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 a. M., on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))(23) (Signature) McNeldragu

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 286 Meeting

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 9/11/16 (28) 2:30 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.