

FORM NO. 4

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 Charleston
 Township of

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

File No.—For State Registrar Only
75969

Inc. Town or City of Charleston, S.C. Registration District No. 9A Registered No. 946
 (For use of Local Registrar)

City of Charleston, S.C. (No. Baker Sanatorium 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 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 Reagon</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Long Island, Savannah, Ga.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Long Island, Savannah, Ga.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>White</u>	(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) McNeldy

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 286 Meeting

Given name added from a supplemental report 191.....

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark.)

(27) Filed 9/11/16 (28)
 Registrar 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.