

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of Blair

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76455

Registration District No. 1310 Registered No. 21
(For use of Local Registrar)

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

(3) BOY OR GIRL? G (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 6, 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wm Burtig

(14) NAME BEFORE MARRIAGE Anna Reed

(9) PRESENT POSTOFFICE OF FATHER Blair

(15) PRESENT POSTOFFICE OF MOTHER Blair

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Blair

(18) BIRTHPLACE Blair

(13) OCCUPATION Farmer

(19) OCCUPATION WV

(20) Number of children born to mother, including present birth { 3 }

(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:50 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lavinia Reed

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

Given name added from a supplemental report

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

(27) Filed Sept. 1914 (28) W. T. Short 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.

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.