

Form No. 1

(1) PLACE OF BIRTH

County of WilliamstonTownship of Livingston #9or
Inc. Town ofor
City of

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

(2) Full Name of Child Harvey Burrows ... { If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or Triplet? Yes(5) Number in
order of birth 2(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Jan. 13
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Billie Burrows(9) PRESENT
POSTOFFICE
OF FATHER Neosmith SC(10) COLOR
OR
RACE Black(11) AGE AT LAST
BIRTHDAY 34
(Years)(12) BIRTHPLACE Su. Car.(13) OCCUPATION Farmer(14) Number of children born to
mother, including present birth { 11 }

MOTHER.

(15) NAME BEFORE
MARRIAGE Venia Gordon(16) PRESENT
POSTOFFICE
OF MOTHER Neosmith SC(17) COLOR
OR
RACE Black(18) AGE AT LAST
BIRTHDAY 36
(Years)(19) BIRTHPLACE S.C.(20) OCCUPATION House Work(21) Number of children of this mother
now living, including present birth { 10 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Billie Burrows

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 2/11/1916 (28) E. T. Graver
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 INDEXING.

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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.

McGraw-Hill

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50714

Registration District No. 4307 Registered No. 2
(For use of Local Registrar)

St.: Ward:

(No.)