

MARGIN RESERVED FOR REVENUE. 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.

(1) PLACE OF BIRTH

County of Orange  
Township of Center  
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

No. 11425—For State Registrar Only

Registration District No. 24A Registered No. 114  
(For use of Local Registrar)

(2) Full Name of Child Austin Burns (If child is not yet named, make supplemental report as directed)

(3) SEX OR GUILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 17, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joe Burns

(9) PRESENT RESIDENCE OF FATHER Westminster D.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE Orange

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Annie Bee Martin

(16) PRESENT RESIDENCE OF MOTHER Westminster D.C.

(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 18  
(Years)

(19) BIRTHPLACE Orange

(20) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lula Carle

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Westminster D.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Apr 19, 1923 (28) A. P. Martin 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.

Revised by Columbia, Columbia, S. C.