

County of Warren  
Township of Moreau  
or  
Inc. Town of.....  
or  
City of .....

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

2710

Registration District No. 4306 Registered No. 4  
(For use of Local Registrar)

City of ..... (No. .... 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 Poonam Burgess

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>x</i> To be answered only in case of Twins or Triplets	(5) Number in order of birth <i>1</i>	(6) Are <i>unc</i> Parent Married? <i>y</i>	(7) DATE OF BIRTH <i>Jan 18 1932</i> Day Month Year
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(8) FULL NAME Harry R. Burgess  
(9) PRESENT POST OFFICE OF FATHER Carroll, Mo.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24.....  
(12) BIRTHPLACE Shreveport (Year)  
(13) OCCUPATION Farmers

(14) NAME BEFORE MARRIAGE Luzina Brown

(15) PRESENT POSTOFFICE OF MOTHER Cinder, L.C.

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

(18) BIRTHPLACE Shenandoah

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living 12

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

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

(23) (Signature) Winnie G. G. G.

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

Given name added from a supplement-

and report  
Ed. No. 111111  
Dy. 2. 10. 1972  
Washington

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

(27) Filed Feb 26 1922 (28) J. T. Finson  
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.