

WRITE PLAINLY, WITH UNFADING INK—TWIN IS A FERRAMENT 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
520

(1) PLACE OF BIRTH
County of *King* *Anderson* **11-27-79**
Township of
or
Inc. Town of *Charleston*
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. *9 A* Registered No. *100*
(For use of Local Registrar)
(No. *Reber Hospital* St.; Ward)
City of *Charleston* (If child is not yet named, make supplemental report as directed)
(2) Full Name of Child *Baby Judge & Kenneth Lane Burren*

(3) BOY OR GIRL *Boy* (4) Twin *No* (5) Number in order of birth (6) Are Parents Married *No* (7) DATE OF BIRTH *Jan 18 1900*
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Judge*
(15) PRESENT POSTOFFICE OF MOTHER *Charleston*
(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *19*
(Year)
(18) BIRTHPLACE *Rockville S.C.*
(19) OCCUPATION *Book*
(21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... *Born alive* ... at *8:15* A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) *Leaph N. Seare M.D.* (24) Address of Physician or Midwife *Charleston S.C.*
(25) State whether Physician or Midwife *Phys*

Given name added from a supplemental report
Count Order #13,947
Filed Dec 17 1900
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *1/23 1900* (28) *Morris Green N.D.* Local Registrar.

*When there was no attending physician or midwife, then the father, household head, 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.

0792 Form 5-6