

WRITE PLAINLY, WITH UNFADING INK—TWIN IS A PERMANENT RESIDENCY. 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 **By Land Order: 11-27-79**
 Township of **Charleston**
 or
 Inc. Town of **Charleston**
 or
 City of **Charleston**
 (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**)
 (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 **No** (6) Are Parents Married **No** (7) DATE OF BIRTH **Jan 18 1979**
 (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**

(20) Number of children born to mother, 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.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

Count Order #13,947
Filed Dec 17 1979
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **Green H.D.**
 (27) Filed **1/23 1979** (28) **Local Registrar.**

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