

(1) PLACE OF BIRTH

County of Sumter, S.C.Township of "or
Inc. Town of "or
City of "

(If birth occurs in a hospital or other institution (No.))

(2) Full Name of Child Margaret Pinckney

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2570

Registration District No. Registered No.

(For use of Local Registrar)

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

(3) SEX GIRL <u>Yes</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 20 1922</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Dr. Warren Hamilton Burgess(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Statesburg, S.C.(13) OCCUPATION M.D.(14) NAME BEFORE MARRIAGE Daisy Murrells(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Georgetown Co., S.C.(19) OCCUPATION Housework(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Delivered at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) Chas. Remond M.D.(24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 1922 (28) DOB

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.

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