

Form No. 1

(1) PLACE OF BIRTH

County of Williamburg
 Township of Sunter
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only

9472

Registration District No. 4310Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child Susanah Welch Burgess
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) SEX OF GIRL? yes (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 11, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nessar Burgess
 (9) PRESENT POSTOFFICE OF FATHER Lake City
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Welch
 (15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 12
 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Theresa McLean
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake City

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed March 14, 1922 (28) Mrs. W. A. Hutchins
 Registrar 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.

When a child is born, 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.