

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Grove

OR

Inc. Town of .....

OR

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

56088

Registration District No. 2210 Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child James Burnside { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>In its present only be count of Twin or Triplet</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 8</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER

(8) FULL NAME Lanier Burnside(9) PRESENT POSTOFFICE OF FATHER Piedmont SC(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Solar(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3

## MOTHER

(14) NAME BEFORE MARRIAGE Perlie Davis(15) PRESENT POSTOFFICE OF MOTHER Piedmont(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Solar(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1230 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Smith(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife #6 Greenville SC

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed May 5 1916 (28) S. C. Min  
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.

NOTE.—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 2.

RECEIVED BY LOCAL REGISTRAR