

(1) PLACE OF BIRTH

County of Chester
 Township of Wilmington

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50035

Inc. Town of Registration District No. 3505 Registered No. 73
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. B. Burgess { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small> <u>1 15 16</u>
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FATHER.

(8) FULL NAME John Norris Burgess

(9) PRESENT POSTOFFICE OF FATHER Wilmington

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE W.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Smith

(15) PRESENT POSTOFFICE OF MOTHER Wilmington

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE Chester

(19) OCCUPATION Home Wife

(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 born at 10 AM.
(Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) M. A. Spradling, M. D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician, Westminster, S. C.

Given name added from a supplemental report
 191.....

 Registrar

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

(27) Filed 2-9 1916. (28) W. S. Sheldon
 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.