

## (1) PLACE OF BIRTH

County of ColumbiaTownship of Highlandor  
Inc. Town of .....or  
City of .....(No. .... St.; .... Ward)  
(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

50035

Registration District No. 3505 Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child J. B. Burgeon { 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>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1-15-16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>John Monroe Burgeon</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Smith</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Westminster</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Westminster</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>
(12) BIRTHPLACE <u>NC</u>	(18) BIRTHPLACE <u>Columbia</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. A. Spurgeon (24) State whether Physician or Midwife (25) Address of Physician or Midwife Westminster, 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 2-9-16 (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 make the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.