

Form No. 10. MARGIN RESERVED FOR BINDING. STATE PLAINLY. WITH LEADING INK—THIS IS A PERMANENT RECORD. N. B.—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 5. MARYLAND, Columbia

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Charleston
 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

11998

Registration District No. Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child. Sid Jack Burgess { 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 case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 7 1911</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Sid Burgess</u>	(14) NAME BEFORE MARRIAGE <u>Jamie Burgess</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Newzine D.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Newzine S.C.</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(12) BIRTHPLACE <u>Williamsburg S.C.</u>	(18) BIRTHPLACE <u>Charleston S.C.</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children of this mother now living, including present birth } <u>2</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, 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 6 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marcy Burgess
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newzine D.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 Nov 1911 (28) A. L. Burgess
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.