CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
196

(1) PLACE OF BIRTH
County of Anderson
Township of Pelzer
or
Inc. Town of
or
City of

Registration District No. 300 Registered No. 3
(For use of Local Registrar)

(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: Wilford Fi Burgess
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
			Yes	Jan.	10	1922

FATHER

(8) FULL NAME: Richard Clyde Burgess
(9) PRESENT POSTOFFICE OF FATHER: Belton S C
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Belton S C
(13) OCCUPATION: Cotton Mill Hand
(20) Number of children born to mother, including present birth: 3

MOTHER

(14) NAME BEFORE MARRIAGE: Melrose Watts
(15) PRESENT POSTOFFICE OF MOTHER: Belton S C
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 24 (Years)
(18) BIRTHPLACE: Texas
(19) OCCUPATION: Weaver
(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 (Born alive or stillborn) at 1:30 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. C. Davis M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Belton S C

Given name added from a supplemental report
....., 19....
Registrar

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

(27) Filed Feb. 4 1922 (28) Mrs G S Acker
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.

FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 6.
SEPARATE BLANKS FOR EACH CHILD, and mark the
FIRST CERTIFICATE OF BIRTH RECORD.
Mother or coroner, coroner, S. C.