

(1) PLACE OF BIRTH

County of Wm.burgTownship of Wm.burgIn. Town of
orCity of (No. of 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

5450

Registration District No. 4306 Registered No. 15
(For use of Local Registrar)Full Name of Child Elisha Benjamin Burrows If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 12 1929
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Cleveland Burrows</u>	(14) NAME BEFORE MARRIAGE <u>Ala. Burgess</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charles S C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charles S C</u>
(10) COLOR OR RACE <u>negro</u>	(16) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(10) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Wm.burg</u>	(18) OCCUPATION <u>Farmer</u>	(12) BIRTHPLACE <u>Wm.burg</u>	(18) OCCUPATION <u>House wife</u>
(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>Five</u>	(13) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>Five</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:45 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) E. J. H.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charles S C midwife

(Given name added from a supplemental report)

(26) Witness R. C. M. Talley
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed March 1, 1929 (28) J. T. Thompson 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.

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