

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

57700

Registration District No. 4102

Registered No. 42

(For use of Local Registrar)

(2) Full Name of Child

Bert Burgess

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

Apr. 27

1916

(8) (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME

Marvin Burgess

(10) PRESENT POSTOFFICE OF FATHER

Mayeville, S.C.

(11) COLOR OR RACE

Negro

(12) AGE AT LAST BIRTHDAY

20

(13) (Years)

(14) BIRTHPLACE

S.C.

(15) OCCUPATION

Farmer

(16) Number of children born to mother, including present birth

3

(17) NAME BEFORE MARRIAGE

May Green

(18) PRESENT POSTOFFICE OF MOTHER

Mayeville, S.C.

(19) COLOR OR RACE

Negro

(20) AGE AT LAST BIRTHDAY

23

(21) (Years)

(22) BIRTHPLACE

S.C.

(23) OCCUPATION

Housewife

(24) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(25) I hereby certify that I attended the birth of this child who was

born

at

S.C.

(Hour A. M. or P. M.)

M.

(26) (Signature)

J. E. Burgess

(27) State whether Physician or Midwife

(28) Address of Physician or Midwife

Midwife

Mayeville, S.C.

Given name added from a supplemental report

1916

Registrar

(29) Witness

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

(30) Filed

Apr 28

1916

(31)

W. E. Thomas

(32)

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

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