

(1) PLACE OF BIRTH

County of *Kingston*Township of *Maryland*

Inc. Town of

City of

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

Registration District No. *4306*

No. for State Registrar Only
37975

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.)

(2) Full Name of Child *Abraham Burger*

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? *No* (7) DATE OF BIRTH *Nov 13 1923*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Walter Burger*
 (9) PRESENT POSTOFFICE OF FATHER *Kingston*
 (10) COLOR OR RACE *Blanc* (11) AGE AT LAST BIRTHDAY *20*
 (Year)
 (12) BIRTHPLACE *Chardonn Co SC*
 (13) OCCUPATION *Farm Laborer*
 (14) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lillian May Morgan*
 (15) PRESENT POSTOFFICE OF MOTHER *Kingston SC*
 (16) COLOR OR RACE *Mulatto* (17) AGE AT LAST BIRTHDAY *19*
 (Year)
 (18) BIRTHPLACE *Kingston Co SC*
 (19) OCCUPATION *House work*
 (20) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4 P. M.*
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Elina Fulton* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Kingston SC*

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *Nov 23 1923* (28) *S. 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.