(1) PLACE OF BIRTH.

County of Spartanburg

Township of Reidville

or

Inc. Town of .....

or

City of ..... (No. ....., ... St.; ..... 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
70471

Registration District No. 4007 Registered No. 90
(For use of Local Registrar)

(2) Full Name of Child. Standley Burns

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	—	8	Yes	June, 30, 1916

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME: General Burns

(9) PRESENT POSTOFFICE OF FATHER: Greer S.C.

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 37 (Years)

(12) BIRTHPLACE: Greenville Co

(13) OCCUPATION: Farming

(20) Number of children born to mother, including present birth: Eight

MOTHER.

(14) NAME BEFORE MARRIAGE: Ola Hendrix

(15) PRESENT POSTOFFICE OF MOTHER: Greer S.C.

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 32 (Years)

(18) BIRTHPLACE: Spartanburg Co

(19) OCCUPATION: House Work

(21) Number of children of this mother now living, including present birth: 6

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 10 30 o'clock P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Dr. R. L. Merchant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Greer S.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 Aug 9 1916. (28) J. M. Nesbitt
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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McCaw, Columbia.
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.
WHEN ADDING INC.—ADD IN A PARENTHESIS RECORD.