

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 6.

(1) PLACE OF BIRTH

County of Amesbury
 Township of Monrovia
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
20462

Registration District No. 4306. Registered No. 31
 (For use of Local Registrar)

City of (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 Rufus Burgess If child is not yet named, make supplemental report as directed

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|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| (3) BOY OR GIRL <u>boy</u> | (4) Twin or Triplet? To be answered only in case of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>June 23, 1922</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Wash Burgess</u> | | | (14) NAME BEFORE MARRIAGE <u>Clover Presley</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Kingston S C</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Kingston S C</u> | |
| (10) COLOR OR RACE <u>Black</u> | | (11) AGE AT LAST BIRTHDAY <u>34</u> (Years) | (16) COLOR OR RACE <u>Black</u> | |
| (12) BIRTHPLACE <u>Monrovia S C</u> | | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) | (18) BIRTHPLACE <u>Monrovia S C</u> | |
| (13) OCCUPATION <u>Farming</u> | | | (19) OCCUPATION <u>House wife</u> | |
| (20) Number of children born to mother, including present birth <u>4</u> | | | (21) Number of children of this mother now living, including present birth <u>3</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Fleming

(24) State whether Physician or Midwife
Midwife

(25) Address of Physician or Midwife
Kingston S C

Given name added from a supplemental report

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

(27) Filed June 30, 1922 (28) J. T. Finney
 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.