

(1) PLACE OF BIRTH

County of Wadeson

Township of 11

or
Inc. Town of 11 See Vol I

or
City of Wadeson Co. Hospital

(2) Full Name of Child Ursabel Burns } If child is not yet named, make supplemental report as directed

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

71162

Registration District No. 3A Registered No. 263
(For use of Local Registrar)

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Ace Parents Married? yes (7) DATE OF BIRTH June 15 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt Brown Burns

(9) PRESENT POSTOFFICE OF FATHER Wadeson SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Wadeson Co

(13) OCCUPATION grocer, salesman

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Sessie Dean

(15) PRESENT POSTOFFICE OF MOTHER Wadeson SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Wadeson Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 30 P.M., (Born alive or stillborn); Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wadeson SC

Given name added from a supplemental report

....., 191.....
Registrar

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

(27) Filed191..... (28) [Signature] 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.

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.

LAID BY WITH THE OTHER CERTIFICATES IN A SEPARATE ENVELOPE AND RETURNED TO THE REGISTRAR WITH THE OTHER CERTIFICATES IN A SEPARATE ENVELOPE. FILED ONLY IN THE CASE OF TWIN OR TRIPLETS.