

(1) PLACE OF BIRTH

County of UdlerowTownship of 11or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Udlerow Burns(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH June 15 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt Brown Burns(9) PRESENT POSTOFFICE OF FATHER Udlerow SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Udlerow Co(13) OCCUPATION Grocer, Salesman(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Lizzie Dean(15) PRESENT POSTOFFICE OF MOTHER Udlerow SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Udlerow 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.)(23) (Signature) Physician(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Udlerow 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) Filed 191 (28) 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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