

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. R.—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.

THE METAL OF COLUMBIA, COLUMBIA, N. C.

(1) PLACE OF BIRTH  
County of Sumner  
Township of .....  
or .....  
Inc. Town of .....  
or .....  
City of Sumner

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

File No.—For State Registrar Only  
2571

Registration District No. 41A Registered No. 15  
(For use of Local Registrar)  
(No. W. Oakland Ave. St. ..... Ward .....)  
(Institution, give name of same instead of street and number.)

**(2) Full Name of Child**

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>L</i>	(5) Number in order of birth
To be answered only in event of Twins or Triplets		

(8) Are Parents Married? *Yes*

(7) DATE OF BIRTH Jan 25 1922  
(Month) (Day) (Year)

FATHER.

(8) FULL NAME *Robert Alford Burgess*

(9) PRESENT POSTOFFICE OF FATHER *Sumter*

(10) COLOR OF RACE *White*

(11) AGE AT LAST BIRTHDAY *47*  
(Years)

(12) BIRTHPLACE *Sardinia*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *1* *Y* *NO*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Eunice Abbie McTear*

(15) PRESENT POSTOFFICE OF MOTHER *Spencer*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *36* (Year)

(18) BIRTHPLACE *Harris S. C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including *1* *Living*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Takira at 6:10 on the date above stated. 1-10 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) **Witness**

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

(27) Filed

(25)

\*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.

If a child breathes even once, it must not wait before the fifth month of pregnancy.

**РУССКАЯ**