

FORM NO. 7.
 MAINTAIN READABLE AND EXACT HANDWRITING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 8.
 N. E. of Columbia.
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(1) PLACE OF BIRTH.
 County of Union
 Township of Union
 or
 Inc. Town of Union
 or
 City of Union
 (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
47575

(2) Full Name of Child Myrtle Aphonse Burgess If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 3 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Robt. Lee Burgess
 (9) PRESENT POSTOFFICE OF FATHER Union, S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Greenville, S.C.

(13) OCCUPATION Coal. Mill work

(20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Georgia Lindsey
 (15) PRESENT POSTOFFICE OF MOTHER Union, S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Columbia, S.C.

(19) OCCUPATION House wife

(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 born alive at 4:10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robt. L. Perry, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Union, 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 Jan 6 1916 (28) S. Sarratt 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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