

Form No 1.

(1) PLACE OF BIRTH

County of *Charleston*Township of *Duluth*

Inc. Town of

City of

(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

45869

Registration District No. *1305* Registered No. *89*

(For use of Local Registrar)

(2) Full Name of Child

Julius Emanuel Burns At child is not yet named, render supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Jan. 16, 1906</i>
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To be answered only in case of Twins or Triplets

(Name of Month, Day, Year)

FATHER.

(8) FULL NAME *Ruston Burns*(9) PRESENT POSTOFFICE OF FATHER *Pinewood S.C.*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *57* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *11*

MOTHER.

(14) NAME BEFORE MARRIAGE *Carol Thompson*(15) PRESENT POSTOFFICE OF MOTHER *Pinewood S.C.*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *48*(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *11*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on this date above stated.

(22) (Signature) *M. L. Wilson*

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness *L. A. Wilson*

(26) Signature of Witness

(27) Address of Witness

(28) Date of Report

(29) Signature of Registrar

(30) Address of Registrar

(31) Date of Registration

(32) Signature of Registrar

(33) Address of Registrar

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