

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

File No.—For State Registrar Only

62770

Bureau of Vital Statistics

State Board of Health

Township of

or

Inc. Town of

or

City of

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

Waller County
 Mill
 Wellington
 102
 5
 (For use of Local Registrar)
 St.; Ward

(2) Full Name of Child *Charles Wesley Burnett* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <i>1</i> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 26, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME *James Robert Burnett* (14) NAME BEFORE MARRIAGE *Miss May Cowan*(9) PRESENT POSTOFFICE OF FATHER *Wellington, S.C.* (15) PRESENT POSTOFFICE OF MOTHER *Wellington, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33* (Years) (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Henry County, Ga.* (18) BIRTHPLACE *Wellington, S.C.*(13) OCCUPATION *Farming* (19) OCCUPATION *Nurse Keeping*(20) Number of children born to mother, including present birth *9* (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* on the date above stated. (Hour A. M. or P. M.) *7:00 A. M.*(23) (Signature) *A. J. Code, M.D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Wellington, S.C.*

Given name added from a supplemental report
6-26-16
R. B. Burnett
 Registrar

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

(27) Filed *6-10-1916* (28) *D. J. McCallie* 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia