

## (1) PLACE OF BIRTH

County of WilburgTownship of Johnsor  
Inc. Town of .....or  
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

83839

Registration District No. 4.304 Registered No. 12.51

(For use of Local Registrar)

(2) Full Name of Child Wilbur Burghy } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 5</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Richard Burghy(9) PRESENT POSTOFFICE OF FATHER Henry, IL(10) COLOR OR RACE W. 10 (11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Bula Blum(15) PRESENT POSTOFFICE OF MOTHER Henry, IL(16) COLOR OR RACE W. 10 (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6.30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Z. Carter(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midway, Henry, IL

Given name added from a supplemental report

(26) Witness R. L. Carter

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

(27) Filled Oct 4 (28) R. L. Carter Local Registrar

\*When there was no attending physician or midwife, then the father, householders, 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 circumstances on which there is a separate blank for each child, and mark the  
 McGraw-Hill of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.