

(1) PLACE OF BIRTH

County of Wilburg
 Township of Jackson
 or
 Inc. Town of
 or
 City of

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. 4304 Registered No. 1251
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wilmar Burgley } 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>In to be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 5</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Richard Burgley</u>		(14) NAME BEFORE MARRIAGE <u>Bula Blum</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hampury St</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Hampury St</u>		
(10) COLOR OR RACE <u>Weso</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Weso</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farm</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth } <u>4</u>		(21) Number of children of this mother now living, including present birth } <u>4</u>		

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 Midwife (25) Address of Physician or Midwife Hampury St

Given name added from a supplemental report 101.....

(26) Witness R. H. Case
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled Oct 4 1914 (28) R. H. Case 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 sixth month of pregnancy.

MARGIN RESERVED FOR ENDING. WRITE PLACING WITH UNFADING INK—THIS IS A PERMANENT RECORD. M.B.—In circumstances or conditions use 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.