

## (1) PLACE OF BIRTH

County of Wichburg  
 Township of Wichburg  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

30515

Registration District No. 4306 Registered No. 48  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 26, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hamilton Burgess  
 (9) PRESENT POSTOFFICE OF FATHER Kingstree S.C. Rt 2  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20  
 (12) BIRTHPLACE Clarendon County  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Oucilla Madison  
 (15) PRESENT POSTOFFICE OF MOTHER Kingstree S.C. Rt 2  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19  
 (18) BIRTHPLACE Florence County  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother including present birth One  
 (21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) E. J. Jacobs(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Kingstree 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 Oct 1, 1923

(28)

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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