

(1) PLACE OF BIRTH

County of Cherokee STATE OF SOUTH CAROLINA.
Township of Chickamauga Bureau of Vital Statistics
Inc. Town of State Board of Health

File No. — For State Registrar Only
43-48

Registration District No. 2204 Registered No. 7
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH Feb. 27, 1916
(To be answered only in event of twins & triplets) (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME B. H. Burnett

MOTHER.
(14) NAME BEFORE MARRIAGE Lula Gray Duncan

(9) PRESENT POSTOFFICE OF FATHER Greer SC

(15) PRESENT POSTOFFICE OF MOTHER Greer SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE AL

(18) BIRTHPLACE AL

(13) OCCUPATION Domestic

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(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 stillborn at 3204 N. E. (Hour A. M. or P. M.)
on the date above stated. (Born alive or stillborn)

(23) (Signature) F. J. James

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greer SC

Given name added from a supplemental report
..... 191.....
Registrar

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

(27) Filed 3-7-1916 (28) F. J. James 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.
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.

FORM NO. 1
WHILE IN PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
FIRST-BOOK N. No. 1. THIS OTHER, No. 2, etc., in question 5.
M.C.W. of Columbia