Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35850

(1) PLACE OF BIRTH
County of Florence
Township of Burgess
or
Inc. Town of ....
or
City of .... (No. .... St.; .... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2010 Registered No. 12
(For use of Local Registrar)

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

(3) Boy or Girl: Girl
(4) Twin or Triplet? [illegible]
(5) Number in order of birth [illegible]
(6) Are Parents Married? Yes
(7) Date of Birth: Apr. 8 16 (Month) (Day) (Year)

FATHER

(8) Full Name: Evander Burgess
(9) Present Postoffice of Father: Coward S C
(10) Color or Race: Colored
(11) Age at Last Birthday: 38 (Years)
(12) Birthplace: Florence Co S C
(13) Occupation: Farmer
(20) Number of children born to mother, including present birth: 7

MOTHER

(14) Name Before Marriage: Minnie Williams
(15) Present Postoffice of Mother: Coward S C
(16) Color or Race: Colored
(17) Age at Last Birthday: [illegible] (Years)
(18) Birthplace: Florence Co S C
(19) Occupation: House wife
(21) Number of children of this mother now living, including present birth: [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [illegible] Kelly
(State whether Physician or Midwife) [illegible]
(24) Address of Physician or Midwife: Coward S C

Given name added from a supplemental report
.... 19..
.... Registrar

(26) Witness: ....
(Signatures of Witnesses necessary only when neither physician nor midwife attended.)

(27) Filed April [illegible] (28) [illegible] Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. [illegible]

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.