

(1) PLACE OF BIRTH

County of *Williamsburg*Township of *Mouferson*

Inc. Town of

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

83875

Registration District No. *4306* Registered No. *89*

(For use of Local Registrar)

(2) Full Name of Child *Emma Burgess*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Oct 5 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Adam Burgess*(9) PRESENT POSTOFFICE OF FATHER *Cades SC*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *51* (Years)(12) BIRTHPLACE *Williamsburg Co SC*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth { *6* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Lizzie Nelson*(15) PRESENT POSTOFFICE OF MOTHER *Cades SC*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *35* (Years)(18) BIRTHPLACE *Williamsburg Co S.C.*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth { *6* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 o'clock P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Adams* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Cades SC*

Given name added from a supplemental report

(26) Witness *M R D Davis* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Nov 9 1916* (28) *J. J. Harrison* 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.

MARGIN RESERVED FOR BONDING.

M.D.—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.

Govt. of Columbia

MARGIN RESERVED FOR BONDING.