

FORM NO. 6. 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 6.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

70467

(1) PLACE OF BIRTH

County of

Spartanburg

Township of

Reidville

or
Inc. Town of

Registration District No.

4.007

Registered No.

86

(For use of Local Registrar)

City of

(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

John Lorenz Kuehn

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

(6) Are Parents Married?

(7) DATE OF BIRTH

June, 16, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John T. Burgess

(9) PRESENT POSTOFFICE OF FATHER

Pelham S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

mill work

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Fisher

(15) PRESENT POSTOFFICE OF MOTHER

Pelham S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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 Born at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

R. F. McGowan

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1916

(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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