Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50715

(1) PLACE OF BIRTH
County of Williamsburg
Township of Mingo #9
or
Inc. Town of ..... Registration District No. 4307 Registered No. 1 (For use of Local Reistrar)
or
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 Sallie Burrows ... If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet? Yes (To be answered only in event of Twins or Triplets)	(5) Number in order of birth 1	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Jan (Name of Month) 13 (Day) 1916 (Year)

FATHER.	MOTHER.
(8) FULL NAME Billie Burrows	(14) NAME BEFORE MARRIAGE Venia Gordon
(9) PRESENT POSTOFFICE OF FATHER Nesmith SC ~~Farmer~~	(15) PRESENT POSTOFFICE OF MOTHER Nesmith SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE So. Car.	(18) BIRTHPLACE So Car
(13) OCCUPATION Farmer	(19) OCCUPATION House Work
(20) Number of children born to mother, including present birth 11	(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Bill Burrows H. S. Farther
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

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 2/15 1916 (28) G. E. Grier 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 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.
McCaw, of Columbia.