

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

File No.—For State Registrar Only
75160

(1) PLACE OF BIRTH
 County of *Williamsburg*
 Township of *Switzer*
 or
 Inc. Town of Registration District No. *4310* Registered No. *30*
 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. *Laris Burgess* } If child is not yet named, make supplemental report as directed

(3) <u>BOY OR GIRL?</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are <i>Yes</i> Parents Married?	(7) DATE OF BIRTH <i>Aug 29 1916</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME *Dora Burgess*

(9) PRESENT POSTOFFICE OF FATHER *Lake City S.C.*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *23* (Years)

(12) BIRTEPLACE *Williamsburg*

(13) OCCUPATION *Farmer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Addie Johnson*

(15) PRESENT POSTOFFICE OF MOTHER *Lake City S.C.*

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

(18) BIRTEPLACE *Lee Co.*

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

(23) (Signature) *A. Hulse*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Cades S.C.*

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
H. A. Fitch

(27) Filed *8/29 1916* (28) *H. A. Fitch* Local Registrar

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.

*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.