

## PLACE OF BIRTH

City of Charleston  
 Township of Yonkersville  
 Town of .....  
 or .....  
 of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

29453

Registration District No. 22Registered No. 40  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child John D. Burgess

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

Sex OR  
Childboy(4) Twin  
or Triplet?(5) Number in  
order of birth4(6) Are  
Parents  
Married?yes

(7) DATE OF

BIRTH Jan 15  
(Name of Month) (Day) (Year)

## FATHER.

Name Willie BurgessPresent  
Postoffice WilkinsvilleColor white (11) AGE AT LAST  
BIRTHDAY 32  
(Years)Birthplace Union - Co -Occupation farmingNumber of children born to  
father, including present birth 4

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Idler vaughn(15) PRESENT  
POSTOFFICE  
OF MOTHER Wilkinsville(16) COLOR  
OR  
RACE white (17) AGE AT LAST  
BIRTHDAY 32  
(Years)(18) BIRTHPLACE Union Co(19) OCCUPATION house keeping(21) Number of children of this mother  
now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lula Byars Wilkinsville

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplement-  
tal report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)Travis 19 22  
Registrar(27) Filed Dec 10 22 (28) Sau Steau  
Local RegistrarIf there was no attending physician or midwife, then the father, householder, etc., should make this return.  
If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.