

Form No. 1

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

County of Williamsburg

Bureau of Vital Statistics

State Board of Health

Township of State #1

or

Inc. Town of Deranton S.C.

or

City of Deranton S.C.Registration District No. 2012Registered No. 101

(For use of Local Registrar)

St.; Deranton S.C. Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## 2. Full Name of Child

James Louis Burgess

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

3. BOY OR GIRL? Boy

(4) Twin or Triplet?

To be ascertained by the Local Registrar

(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER

4. FULL NAME

Johnnie Burgess

5. PRESENT POSTOFFICE OF FATHER

Deranton S.C. #1

6. COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

20 (Years)

7. BIRTHPLACE

Florence Co

8. OCCUPATION

Farmer

9. Number of children born to mother, including present birth

2

## MOTHER

(14) NAME BEFORE MARRIAGE

James Burgess

(15) PRESENT POSTOFFICE OF MOTHER

Deranton S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Florence 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 11 A.M. (Hour of birth) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

James Burgess

(24) State whether Physician or Midwife

Address of Physician or Midwife

MidwifeDeranton S.C.A. Skelly

Given name added from a supplemental report

(26) Witness

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

(27) Date 11/14/1914

(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 reports desired of stillbirths before the ninth month of pregnancy.

File No. — For State Registrar Only  
85641

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and answer the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

McGraw-Hill