

## (1) PLACE OF BIRTH

County of Sumner.....

Township of .....

Inc. Town of.....

City of Sumter

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

# CERTIFICATE OF BIRTH

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

Registration District No. 47a Registered No. 281

**File No.—For State Registrar Only**

8751

Registered No. 201  
(For use of Local Registrar)

(2) Full Name of Child Robert Albert Burgess If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin  
or Triplet?

(5) Number in order of birth

(6) Are Parents

BIRTH M

BIRTH. Nov 4 1946  
(Name of Month) (Day) (Year)

# FATHER!

(8) FULL NAME Robert Alford Burgess

(9) PRESENT POSTOFFICE OF FATHER *Winter S.D.*

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Sardonic S.S.

Handwritten: Handwritten: Solomon

<p>(20) Number of children born to _____</p>	<p>_____</p>
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**MOTHER.**

(14) NAME BEFORE MARRIAGE Emilie Thetford

(15) PRESENT POSTOFFICE OF MOTHER *Sumter S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *31*.....  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Narrator J.S.

Flamingo

(21) Number of children of this mother 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 9 1962 (28) 11/11/62 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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