

Form No. 1

## (1) PLACE OF BIRTH

County of Rocky  
 Township of St. Stephens  
 Inc. Town of St. Stephens  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar City

3023

Registration District No. 7A5Registered No. 14  
(For use of Local Registrar)

City of ..... (No. ....) (Ward) .....

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

(2) Full Name of Child Jessie - Ruth - Burges

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

3. BOY OR GIRL girl 4. Twin or Triplet yes 5. Number in order of birth 1 6. Are Parents Married yes 7. DATE OF BIRTH Feb 5 1925  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Jesse Burges  
 9. PRESENT POSTOFFICE OF FATHER Russellville, Mo.  
 10. COLOR OR RACE Black 11. AGE AT LAST BIRTHDAY 43 (Years)  
 12. BIRTHPLACE Russellville, Mo.  
 13. OCCUPATION Farmer  
 14. Number of children born to mother, including present birth 1

## MOTHER.

15. NAME BEFORE MARRIAGE Elizabeth Ross Lee  
 16. PRESENT POSTOFFICE OF MOTHER Russellville, Mo.  
 17. COLOR OR RACE Black 18. AGE AT LAST BIRTHDAY 36 (Years)  
 19. BIRTHPLACE Russellville, Mo.  
 20. OCCUPATION Farmer wife  
 21. Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 PM. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) L. J. Burges(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Russellville

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Feb 5 1925 (28) M. C. F. Jones

When there was no attending physician or midwife, then the father, housekeeper, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is needed or considered before the first month of pregnancy.

REMARKS: REMARKS ARE TO BE PRINTED IN THIS SPACE. IF THE CHILD IS BORN DEAD, THE CAUSE OF DEATH MUST BE STATED. IF THE CHILD IS BORN ALIVE, THE CAUSE OF DEATH MUST BE STATED. IF THE CHILD IS BORN ALIVE, THE CAUSE OF DEATH MUST BE STATED. IF THE CHILD IS BORN ALIVE, THE CAUSE OF DEATH MUST BE STATED.