

WHEN NO. 2  
WHEN PLAINLY, WITH UNFAIRING IER.—THIS IS A PERMANENT RECORD.  
N. H.—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 8.  
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of .....

Township of .....

OR  
Inc. Town of Horncastle

OR  
City of Horncastle

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

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

File No. For State Registrar Only  
52114

Registration District No. 20-5 Registered No. 5-1

(For use of Local Registrar)

(2) Full Name of Child Alice Mayfield Burgess

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? no

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH March 1st 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Seaburg Burgess

(9) PRESENT POSTOFFICE OF FATHER Horncastle SC

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Burky NC

(13) OCCUPATION Chief clerk { Criminal Justice } { Justice's office }

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Gerlachwayne Gaher

(15) PRESENT POSTOFFICE OF MOTHER Horncastle SC

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Luxington NC

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice at 11:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Archer

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

Given name added from a supplemental report

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

(27) Filed March 1916 (28) C. C. Craft M. D. 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.

Registrar

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.