

ALABAMA REGISTRATION OF BIRTH RECORDS.  
 WHEN WRITING PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—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.

(1) PLACE OF BIRTH  
 County of .....  
 Township of .....  
 or  
 Inc. Town of Horncastle Registration District No. 20-4 Registered No. 5-1  
 or  
 City of Horncastle (No. 4 S. Line) St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. For State Registrar Only  
**52114**

(3) BOY OR GIRL? girl (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 1st 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Charles Seaborn Burgess  
 (9) PRESENT POSTOFFICE OF FATHER Horncastle SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Beverly MA  
 (13) OCCUPATION Chief clerk { Terminal Train } master's office  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mrs. Gerlachwayne Cocher Burgess  
 (15) PRESENT POSTOFFICE OF MOTHER Horncastle SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 313 (Years)  
 (18) BIRTHPLACE Luxington MA  
 (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 alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Horncastle

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(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

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