(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston S.C. (No. [illegible] St.; 19 [illegible] Street)

(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

File No.—For State Registrar Only
27490

Registration District No. 9A Registered No. ..... (For use of Local Registrar)

(2) Full Name of Child Elmore McKinley Burns Jr. 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 Married?	(7) DATE OF BIRTH
Boy		1	yes	Sept. 18 [illegible] (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Mr. Elmore McKinley Burns Jr.	(14) NAME BEFORE MARRIAGE Ethel Stall
(9) PRESENT POSTOFFICE OF FATHER 12 Trumbo St. Charleston	(15) PRESENT POSTOFFICE OF MOTHER 12 Trumbo St. City
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Charleston S.C.	(18) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Clerk at P.O.	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth two	(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Peter A. Wilson

(24) State whether Physician or Midwife Phys.

(25) Address of Physician or Midwife Penn Bank Bldg

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 ..... 191.. J. Merrill Green 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.

McCaw, of Columbia.