

(1) PLACE OF BIRTH

County of Richland
Township of Columbia
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

No. 11. - For State Registrar Only

22410

Registration District No. 3814^a Registered No. 30
(For use of Local Registrar)

(No. Book Washington 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 Mary Burk

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

3 SEX OR girl (4) Type of Twin (5) Number in sex (6) Are yes Parents yes Married (7) DATE OF BIRTH July 15, 1923
(Month of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Hilbert Burk

(10) NAME BEFORE MARRIAGE Emma Ray

(9) PRESENT POSTOFFICE OF FATHER Columbia

(11) PRESENT POSTOFFICE OF MOTHER Columbia

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Year)

(12) COLOR OR RACE Colored (13) AGE AT LAST BIRTHDAY 23 (Year)

(14) BIRTHPLACE Fairfield County

(15) BIRTHPLACE Fairfield County

(16) OCCUPATION labor

(17) OCCUPATION house keeping

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

(19) Number of children of this mother now living, including present birth only one is

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Mary Alice (22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Filed 1923 (26) 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 L.M. Taylor Local Registrar

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