

(1) PLACE OF BIRTH

County of YorkTownship of Passapatanz

Inc. Town of

City of

(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

Registration District No. 1206

File No.—For State Registrar Only

3709

Registered No. 17
(For use of Local Registrar)(2) Full Name of Child John R. Burch

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 8(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 11 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John R. Burch(9) PRESENT POSTOFFICE OF FATHER Yorkland S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Burch(15) PRESENT POSTOFFICE OF MOTHER Yorkland S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 42
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 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 M.D.(25) Address of Physician or Midwife Yorkland S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/16 19 22(28) [Signature]

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.

Registrar.

ID.