

FORM NO. 4  
MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA.		71847	
Township of <u>St. Phillips</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Chicora</u>		Registration District No. <u>909</u>		Registered No. <u>135</u>	
or				(For use of Local Registrar)	
City of <u>Navy Yard</u>		No. <u>St. J.</u>		Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child. <u>Thomas Eugene Burke, Jr.</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2<sup>nd</sup></u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August, 1914</u>	
To be answered only in case of twins or triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Thomas Eugene Burke</u>			(14) NAME BEFORE MARRIAGE <u>Lillian Malloy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Navy Yard, Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Navy Yard, Charleston, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>Quitman, Georgia</u>			(18) BIRTHPLACE <u>New York, N.Y.</u>		
(13) OCCUPATION <u>Fireman, U.S. Navy</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>7:00</u> <u>A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)	
(23) (Signature) <u>Heber Butts</u>	(25) Address of Physician or Midwife <u>U. S. Navy Yard</u>
(24) State whether Physician or Midwife	
Given name added from a supplemental report	
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	
(27) Filed <u>Aug 15, 1914</u> (28) <u>C. F. Myers</u> 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.

Mc  
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.