

FORM NO. 4. MARGEN RESERVED FOR BINDING. WHERE 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. McPhw. of Columbia.

(1) PLACE OF BIRTH
 County of Charleston **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of St. Phillips St. Richards
 or Chicora Registration District No. 909 Registered No. 135
 Inc. Town of Chicora City of Navy Yard
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (For use of Local Registrar)

File No. — Fu. State Registrar Only
71847

(2) Full Name of Child. Homer Eugene Burke, Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE OF BIRTH August, 19th 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Homer Eugene Burke
 (9) PRESENT POSTOFFICE OF FATHER Navy Yard, Charleston, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Juitman, Georgia
 (13) OCCUPATION Fireman, U.S. Navy.
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lillian Malloy
 (15) PRESENT POSTOFFICE OF MOTHER Navy Yard, Charleston, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE New York, N.Y.
 (19) OCCUPATION Housewife
 (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 7:00 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Heber Dutt
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife U. S. Navy Yard

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 Aug 15, 1916 (28) C. F. Myers 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.
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