

1. PLACE OF BIRTH
County of Darchester Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No. — For State Registrar Only
0077

Township of Darchester Bureau of Vital Statistics
or State Board of Health
Inc. Town of _____ Registration District No. 17-a Registered No. 13
or (For use of Local Registrar)

City of Summerville, S.C. (No. _____ 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 Edward, Carl Burch If child is not yet named, make supplemental report as directed

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	6. Premature	7. Are Parents Married <u>Yes</u>	8. Date of birth <u>Dec. 24th 1916</u> (Month, day, year)
5. Number, in order of birth.....		Full			

9. Full name of FATHER <u>Edward, B. Burch</u>	18. Name before marriage of MOTHER <u>Magie M. Burch</u>
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10. Residence (making address) (If non-resident, give place and State) <u>Summerville, S.C.</u>	19. Residence (making address) (If non-resident, give place and State) <u>Summerville, S.C.</u>
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11. Color or race <u>White</u> Age at last birthday <u>26</u> (years)	20. Color or race <u>White</u> 21. Age at last birthday <u>24</u> (years)
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13. Birthplace (city or place) (State or country) <u>Durham, N.C.</u>	22. Birthplace (city or place) (State or country) <u>Durham, N.C.</u>
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14. Trade, profession or particular kind or work done, as soldier, lawyer, bookkeeper, etc. <u>Shingle maker</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Shingle maker</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc.
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16. Date (month and year) last engaged in this work <u>Dec. 24, 1916</u>	17. Total time (years) spent in this work <u>57 years</u>	25. Date (month and year) last engaged in this work <u>Dec. 24, 1916</u>	26. Total time (years) spent in this work <u>1 year</u>
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27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... { months weeks }	29. Cause of stillbirth.....	30. Before labor..... During labor.....
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

I certify that I instilled or had instilled in the eyes of this child at 5:30 p.m. on above date Silver (Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)

{ When there was no attending physician or midwife, then the father, householder etc., should make this return. }
Given name added from a supplementary report _____ (Date of) _____

(Signed) Elias D. Sapp M. D.
or _____, Midwife
Address Summerville, S.C.
Filed 4-9, 1917 Henry H. Sapp Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. (See instructions on Back of Certificate.)