

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.)

U. S. Dept. of Commerce
Bureau of the Census

16 093538

1. PLACE OF BIRTH
County of Darlington STATE OF SOUTH CAROLINA
Township of Darlington Bureau of Vital Statistics
or
Inc. Town of _____ State Board of Health
or
City of Summerville, S.C. (No. _____ St.: _____ Ward) (For use of Local Registrar)

(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>	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature	7. Are Parents <u>Married</u>	8. Date of birth <u>Dec. 24th</u> 19 <u>16</u> (Month, day, year)
9. Full name <u>Edward B. Burch</u> FATHER			18. Name before marriage <u>Ernie M. Burch</u> MOTHER		
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>		
11. Color or race <u>White</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>26</u> (years)			21. Age at last birthday <u>24</u> (years)		
13. Birthplace (city or place) (State or country) <u>Darlington, S.C.</u>			14. Birthplace (city or place) (State or country) <u>Darlington, S.C.</u>		
15. 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>		
16. Industry or business in which work 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. <u>Own home</u>		
17. Date (month and year) last engaged in this work <u>Dec. 24, 1916</u>			25. Date (month and year) last engaged in this work <u>Dec. 24, 1916</u>		
18. Total time (years) spent in this work <u>57 years</u>			26. Total time (years) spent in this work <u>1 year</u>		
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, { months } 29. Cause of stillbirth..... { Before labor..... period of gestation..... { weeks } { During labor.....					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born 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 Dr. J. L. Silver
(Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities.....

{ 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) _____

State Registrar

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