

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

(1) PLACE OF BIRTH

County of Chesterfield  
 Township of W. Croghan  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

45827

Registration District No... 1245 Registered No. 111  
 (For use of Local Registrar)  
 (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... David Burch } 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12 1916  
To be answered only in event of Twins or triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME William J Burch  
 (9) PRESENT POSTOFFICE OF FATHER Ruby S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
 (Years)  
 (12) BIRTHPLACE Chesterfield Co S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth } one

MOTHER.  
 (14) NAME BEFORE MARRIAGE Relie Little  
 (15) PRESENT POSTOFFICE OF MOTHER Ruby S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21  
 (Years)  
 (18) BIRTHPLACE Union Co S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth } one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... 2 ..... P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ..... Relie Little .....  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ruby S.C. #1

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 Feb 9 1916 (28) A. T. Rivers  
 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.