

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Charterfield

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of

St. Croghan

State Board of Health

or
Inc. Town ofRegistration District No. *1205*Registered No. *6*

(For use of Local Registrar)

City of

(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

Barba Johnson Burch

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL? *girl*(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married? *Yes*(7) DATE OF
BIRTH*Jan, 23, 1906*

To be answered only in event of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME*James Edward Burch.*(14) NAME BEFORE
MARRIAGE*Mrs. George Hendrick.*(9) PRESENT
POSTOFFICE
OF FATHER*Mt. Croghan S.C.*(15) PRESENT
POSTOFFICE
OF MOTHER*Mt. Croghan S.C.*(10) COLOR
OR
RACE*white*(11) AGE AT LAST
BIRTHDAY*36*

(Years)

(16) COLOR
OR
RACE*white*(17) AGE AT LAST
BIRTHDAY*28*

(Years)

(12) BIRTHPLACE

Mt. Croghan S.C.

(18) BIRTHPLACE

Mt. Croghan S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

House wife(20) Number of children born to
mother, including present birth*4*(21) Number of children of this mother
now living, including present birth*4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

*born alive**at 8:00 P.M.*

on the date above stated.

(23) (Signature)

J. F. Rivers

(Born alive or stillborn)

(Hour A. M. or P. M.)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Mt. Croghan S.C.**Mt. Croghan S.C.*Given name added from a supplement-
tal report*9/10**1906*

(26) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)

(27) File

(28)

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.

MARK IN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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.
 New, of Columbia.