

PLACE OF BIRTH

County of Queen C
 Township of Burke
 or
 Town of _____
 or
 of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1606

FILE No.—For State Registrar Only

3666-aRegistered No. _____
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
 Full Name of Child James Burke (If child is not yet named, make supplemental report as directed)

Sex of Child Male (If Plural births) { 4. Twin, triplet, or other _____ 5. Premature _____ 7. Are Parents Married? ☒ 8. Date of birth Feb 9 1923
 6. Number, in order of birth 1 Full term _____ (Month, day, year)

FATHER
Thomas C. Burke

Residence (usual place of abode)
 (If non-resident, give place and State) Queen C

Color or race Coe 12. Age at last birthday 21 (Years)

Birthplace (city or place) Queen C
 State or country _____

4. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer

5. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

6. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

Number of children of this mother At time of birth and including this child 5 (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn _____

Still or _____ months _____ 28. Cause of stillbirth _____

Kind of gestation _____ weeks _____ Before labor _____ During labor _____

MOTHER
Pauline Burke

13. Residence (usual place of abode)
 (If non-resident, give place and State) Queen C

14. Color or race Coe 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) Queen C
 State or country _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or other person should make this return.

Name added from _____
 Supplemental report _____
 (Date of) _____

(Signed) _____ M.D.

or Dr. J. H. R. D.

Address _____

Filed March 17, 1926 M. B. D. R.

Registrar

Registrar