

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.

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| (1) PLACE OF BIRTH County of <u>York</u> Township of <u>Bethesda</u> or Inc. Town of..... or City of..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>4401</u> Registered No. <u>48</u> (For use of Local Registrar) | | File No.—For State Registrar Only 20509 |
| (2) Full Name of Child <u>Rinchen Burris</u> | | (If child is not yet named, make supplemental report as directed) | | |
| (3) <u>Boy</u> OR GIRL (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 8, 1922</u> (Name of Month) (Day) (Year) | |
| FATHER. (8) FULL NAME <u>Rinchen Burris</u> (9) PRESENT POSTOFFICE OF FATHER <u>Mt. Carmelville SC</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>about 40</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farming</u> (20) Number of children born to mother, including present birth <u>7</u> | | MOTHER. (14) NAME BEFORE MARRIAGE <u>Curry Hunt</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Mt. Carmelville SC</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>about 26</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>House & field</u> (21) Number of children of this mother now living, including present birth <u>7</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>about</u> at <u>39</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Mary Ellen Carter</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Mt. Carmelville</u> Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>June 12, 1922</u> at <u>S. H. Gould</u> 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. | | | | |

Register of Columbia, Columbia, S. C.