

(1) PLACE OF BIRTH

County of ...

Township of ...

or

Inc. Town of ...

City of ...

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

16879

Registration District No. ...

Registered No. ...

(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

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

(3) SEX OR
CHILD

Boy

(4) Type
or Infant

To be completed in case of Tubercular Infant

(5) Number in
order of birth

First

(6) DATE OF
BIRTH

June 23, 1913

(7) FULL
NAME

John Berchen

(8) PRESENT
RESIDENCE
OF FATHER

Wando SC

(9) COLOR
OR
RACE

Leal

(10) AGE AT LAST
BIRTHDAY

40

(11) BIRTHPLACE

Berkley

(12) OCCUPATION

Farmer

(13) NAME BEFORE
MARRIAGE

Elsie Berchen

(14) PRESENT
RESIDENCE
OF MOTHER

Wando SC

(15) COLOR
OR
RACE

Leal

(16) AGE AT LAST
BIRTHDAY

35

(17) BIRTHPLACE

Berkley

(18) OCCUPATION

At Home

(19) Number of children born to
mother, including present birth

Eleven

(20) Number of children of this mother
now living, including present birth

Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ... at ... on the date above stated.

(22) (Signature)

Hannah Berchen

(23) State whether Physician or Midwife

Midwife

(24) Address of Physician or Midwife

Wando SC

Given name added from a supplement-
tal report

1913

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)

(26) Filed

July 2, 1913

(27) 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.