

(1) PLACE OF BIRTH

County of DauphinTownship of Burtonor
Inc. Town ofor
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

File No. — For State Registrar Only

28997

Registration District No. 600 Registered No. 78
(For use of Local Registrar)(2) Full Name of Child Helen Margaret Mark If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 12 22
(Month) (Day) (Year)(8) FATHER'S FULL NAME Joseph Wolf Mark(9) PRESENT POSTOFFICE OF FATHER Burton SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Ussina Russia(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 5(14) MOTHER'S NAME BEFORE MARRIAGE Lena Meppen(15) PRESENT POSTOFFICE OF MOTHER Burton SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Siauliai Russia(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Burton SC on the date above stated. (Born, live or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Kuykendall(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 1 Beaufort SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Sept 22 1922 (28) H. A. Kuykendall 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.