

(1) PLACE OF BIRTH

County of FlorenceTownship of "

Inc. Town of

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

42715

Registration District No. 20-ARegistered No. 274

(For use of Local Registrar)

Ward: 74(2) Full Name of Child Burch, Berkeley

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec. 20, 1911

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Columbus Burch Berkeley

(9) PRESENT POSTOFFICE OF FATHER

Cheraw

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Marlboro.

(13) OCCUPATION

Farmer

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

3

MOTHER

(14) NAME BEFORE MARRIAGE

Lydia Maude Loring

(15) PRESENT POSTOFFICE OF MOTHER

Cheraw

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Cheraw

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A. M. Barnwell M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianCheraw S.C.

Given name added from a supplemental report

(26) Witness

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

Dec. 27 1911B. C. Knapp M.D.

(27) Filed

191

(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.

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FORM NO. 2
WHEN PLACED IN THE BUREAU OF VITAL STATISTICS, 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.

McCaw, of Columbia