

3/30/43 No Corrs.

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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland
Township of.....
or
Inc. Town of Eastover
or
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 3806 Registered No.
(For use of Local Registrar)

FILE No.—For State Registrar Only

01166

2. FULL NAME OF CHILD Robert Burke

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

3. Boy or Girl Boy If Plural births { 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? Yes 8. Date of birth July 4, 1922
(Month, day, year)9. Full name Jerry Burke FATHER 18. Name before marriage Janie Portee MOTHER10. Residence (mailing address) (If non-resident, give place and State) Eastover, S. C. 19. Residence (mailing address) (If non-resident, give place and State) Eastover, S. C.11. Color or race Col. 12. Age 37 (years) 20. Color or race Col. 21. Age 38 (years)13. Birthplace (city or place) (State or country) Richland County S. C. 22. Birthplace (city or place) (State or country) Richland County S. C.OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Own Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work..... 17. Total time (years) spent in this work..... 19..... 25. Date (month and year) last engaged in this work..... 26. Total time (years) spent in this work..... 19.....

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

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive.....m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at.....m. on above date.....
(Name of Prophylactic)Cleft Palate..... Hare Lip..... Other Deformities.....
(Specify){ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }Given name added from a supplementary report.....
(Date of)

(Signed)....., M. D.

or Lenoria Burke MidwifeAddress Eastover S.C.Filed April 3, 1943 M.B. Woodward, MD.

State Registrar

Local Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)