

(1) PLACE OF BIRTH

County of Berkley
 Township of 2. Goodrich
 or
 Inc. Town of St. James
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 2986
 For this Register Only

Registration District No. 201... Registered No. 6.....
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Daniel Burbage... If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Type or Figure 7.0 (5) Number in order of birth 1 (6) Age yes (7) DATE OF BIRTH Feb 9 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Burbage

(9) PRESENT RESIDENCE OF FATHER Moncks corner

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
 (Year)

(12) BIRTHPLACE Berkley

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Abbie

(16) PRESENT RESIDENCE OF MOTHER Moncks corner

(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 27
 (Year)

(19) BIRTHPLACE Berkley

(20) OCCUPATION

(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 alive... St. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John G. Gamm

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Moncks corner

Given name added from a supplemental report

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

(27) Filed MAR 10 1923 (28) 40

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.