

MAKING RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—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 2.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Hellmuth

Township of Electric Springs

City of

Inc. Town 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

Registration District No. 2204

File No.—For State Registrar Only

56048

Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child Arthur Burchfield { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 11 1910
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. B. Burchfield

(9) PRESENT POSTOFFICE OF FATHER Green Isle

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Green

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Hill

(15) PRESENT POSTOFFICE OF MOTHER Green Isle

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Greenville, S. C.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 o'clock P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. McElwain

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Greenville, S. C.

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 4/10 1910 (28) J. H. McElwain 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.

FIFTH MONTH OF PREGNANCY.

SIXTH MONTH OF PREGNANCY.