

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield  
 Township of Union  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only

3717

Registration District No. 1813

Registered No. 3  
 (For use of Local Registrar)

(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 Irene Burkhins

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  
 To be answered only in event of Twin or Triplet

6. Are Parents Married? Yes

7. DATE OF BIRTH Feb 23 1923  
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Watt Burkhins

9. PRESENT POSTOFFICE OF FATHER Edgefield, S.C.

10. COLOR OR RACE W. C. G. R. (11) AGE AT LAST BIRTHDAY 31 (Year)

12. BIRTHPLACE S.C.

13. OCCUPATION Farm

14. Number of children born to mother, including present birth 6

(14) NAME BEFORE MARRIAGE Maria Jackson

(15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.

(16) COLOR OR RACE W. C. G. R. (17) AGE AT LAST BIRTHDAY 33 (Year)

(18) BIRTHPLACE Edgefield, S.C.

(19) OCCUPATION Farm

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Francis Owen

(23) State whether Physician or Midwife Midwife

(24) Address of Physician or Midwife Edgefield, S.C.

Given name added from a supplemental report

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

(26) Filed 3/15/23 at Edgefield

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 sixth month of pregnancy.

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.