

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD.
 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 3.

(1) PLACE OF BIRTH
 County of Charleston
 Township of St. P. M.
 or
 Inc. Town of
 or
 City of Navy Yard (No. St.; Ward)
 (If birth occurs in 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
3490

Registration District No. 209 Registered No.
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 31, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Homer E. Burke (14) NAME BEFORE MARRIAGE Lillian Molloy
 (9) PRESENT POSTOFFICE OF FATHER Navy Yard S.C. (15) PRESENT POSTOFFICE OF MOTHER Navy Yard
 (10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 32 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE Quintman Ga. (19) BIRTHPLACE New York City
 (13) OCCUPATION Machinist (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Barrie Spencer (24) State whether Physician or Midwife Midwife (25) Address of Physl. or Midwife 6 Mile

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by doctor)

(27) Filed Feb. 15, 1922 (28) E. F. Myers 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.