

(1) PLACE OF BIRTH

County of Union
 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

File No. — For State Registrar Only

12020

Registration District No. 3203Registered No. 20
(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

Burch

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

(3) SEX OR GIRL?

(4) Twin or Triplet? ☒(5) Number in order of birth ☒(6) Are Parents Married? yes

(7) DATE OF

BIRTH Feb. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Elijah Burch

(9) PRESENT POSTOFFICE OF FATHER

Marion S.C. R.F.D. 4

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 24
(Year)

(12) BIRTHPLACE

Marion Co.

(13) OCCUPATION

field hand

MOTHER.

(14) NAME BEFORE MARRIAGE

Wesley Mac

(15) PRESENT POSTOFFICE OF MOTHER

Marion S.C. R.F.D. 4

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 26
(Year)

(18) BIRTHPLACE

Marion Co.

(19) OCCUPATION

field hand(20) Number of children born to mother, including present birth 1(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 born alive at 10:50 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Marion S.C.(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Marion S.C.

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 1922

19

(28)

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.

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.