

(1) PLACE OF BIRTH

County of Richland
 Township of Columbia
 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

22450

Registration District No. 3804^aRegistered No. 29

For use of Local Registrar

(No. Book Washington 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 Mary Burk

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

(a) SEX OR CHILD girl (b) Twin or Triplet twins (c) Number to order of birth six (d) Are Parents Married? Yes (e) DATE OF BIRTH July 15, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(a) FULL NAME Hilbert Burk(b) PRESENT POSTOFFICE OF FATHER Columbia(c) COLOR OR RACE colored (d) AGE AT LAST BIRTHDAY 23 (Year)(e) BIRTHPLACE Fairfield County(f) OCCUPATION laborer(g) Number of children born to mother, including present birth 1 Six

MOTHER.

(a) NAME BEFORE MARRIAGE Emma Burk(b) PRESENT POSTOFFICE OF MOTHER Columbia(c) COLOR OR RACE colored (d) AGE AT LAST BIRTHDAY 23 (Year)(e) BIRTHPLACE Fairfield County(f) OCCUPATION House Keeping(g) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) midwife Mary Murphy

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given same added from a supplemental report

(27) Witness

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

(28) Filed 6

1923

(29) L. M. Taylor Registrar

Registrar

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.

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