

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleLoc. Town of FranklinCity of Franklin

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No. — For State Registrar Only

26416

Registration District No. 110913 Registered No. 272  
(For use of Local Registrar)(No. 191 Bennett St. 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 Baby Burke If child is not yet named, make supplemental report as directed

3 SEX (Male or Female) <u>Male</u>	4 Twins or Triplets? <u>No</u>	5 Number in order of birth <u>1</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>3-22-1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Siola Burke(9) PRESENT POSTOFFICE OF FATHER 191 Bennett St(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Electrician(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rennie Moonie(15) PRESENT POSTOFFICE OF MOTHER 191 Bennett St(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housework(20) 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 at 1400 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Aug 1 1922 (28) Local Registrar [Signature]

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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