

(1) PLACE OF BIRTH

County of Saluda

Township of

or
Inc. Town ofor
City of

(If birth occurs in a 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

Registration District No. 3903 Registered No. 173
(For use of Local Registrar)(2) Full Name of Child Johnie Lee Burk If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Twin Marked <u>no</u>	(7) DATE OF BIRTH <u>July 10, 1923</u> (Month of birth) (Day) (Year)
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FATHER

(9) FULL NAME John Burk(10) PRESENT RESIDENCE OF FATHER Saluda S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE Saluda Co(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Mari Williams(15) PRESENT RESIDENCE OF MOTHER Saluda S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE Saluda County(19) OCCUPATION House Servant(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 on the date above stated.

(23) (Signature) Mari Williams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

(26) Witness Mari Grant
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Nov 9, 1923 (28) Mari Grant
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.