

1) PLACE OF BIRTH
 County of Spartanburg
 Township of Spartanburg
 or
 Precinct of Spartanburg
 or
 City of Spartanburg
 (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

File No. For State Registrar Only
 79320

Registration District No. 4008 Registered No. 651
 (For use of Local Registrar)
 No. 170 Bonar Ave St. _____ Ward _____
 (If child is not yet named, make supplemental report as directed)

2) Full Name of Child _____

BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH Aug 1 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 FULL NAME William Beurdal
 PRESENT POSTOFFICE OF FATHER Anderson Co. S.C.
 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
 BIRTHPLACE Jackson Co., N.C.
 OCCUPATION Mill Operative
 (10) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Julia Beach
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Tenn
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 10:20 P. M. (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) W. H. Coan, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg 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 Aug 10 1916 (28) D. H. Parker 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.

_____ birth month of pregnancy