

1) PLACE OF BIRTH

County of *Sparksburg*

Township of *Beaumont*

City of *Arkwright*

(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*

No. *170 Bonar Ave*

St. *Ward*

2) Full Name of Child

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

BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth *1*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *Aug 1 1906*
(Name of Month) (Day) (Year)

FATHER
FULL NAME *William Burdell*

PRESENT POSTOFFICE OF FATHER *Arkwright, S.C.*

COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *27* (Years)

BIRTHPLACE *Jackson Co., N.C.*

OCCUPATION *Misc Operative*

Number of children born to mother, including present birth *2*

MOTHER
(14) NAME BEFORE MARRIAGE *Julea Beach*

(15) PRESENT POSTOFFICE OF MOTHER *Arkwright, 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 (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) *W. P. Coan, recd*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Sparksburg, 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 1906*

(28) *E. 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