

## (1) PLACE OF BIRTH

County of *Auderson*  
 Township of *Hall*  
 or  
 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

13616

Registration District No. 30.6

Registered No. 47  
(For use of Local Registrar)

(2) Full Name of Child *James Leroy Burdette* (No. *1* St. *1* Ward *1*)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3) BOY OR GIRL *Boy* 4) Twin or Triplet? *No* 5) Number in order of birth *1* 6) Are Parents Married? *Yes* 7) DATE OF BIRTH *May 3 1922*  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME *James Leroy Burdette*  
 9) PRESENT POSTOFFICE OF FATHER *Lra*  
 10) COLOR OR RACE *White* 11) AGE AT LAST BIRTHDAY *30* (Years)  
 12) BIRTHPLACE *Aud. Co S. C.*  
 13) OCCUPATION *Farming*  
 20) Number of children born to mother, including present birth *2*

## MOTHER.

14) NAME BEFORE MARRIAGE *Mittie Loftis*  
 15) PRESENT POSTOFFICE OF MOTHER *Lra*  
 16) COLOR OR RACE *White* 17) AGE AT LAST BIRTHDAY *30* (Years)  
 18) BIRTHPLACE *Auderson Co S. C.*  
 19) OCCUPATION *House wife*  
 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 *Alive* at *4 P.* M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) *Maria Richards*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Lra*

Given name added from a supplemental report

## (26) Witness

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

(27) Filed *May 10 1922* (28) *S. M. McAdams* 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.