

(1) PLACE OF BIRTH

County of Anderson Co.

Township of

City of AndersonCity of Anderson

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Watson Burnett

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be completed only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age of Parent <u>42</u>	(7) DATE OF BIRTH <u>Mar. 13, 1923</u> (Name of Month) (Day) (Year)
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FATHER (8) FULL NAME <u>Henry Meloy Burnett</u>		MOTHER (9) NAME BEFORE MARRIAGE <u>Neena Burnett</u>	
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(10) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>
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(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>34</u>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>31</u>
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(16) BIRTHPLACE <u>Anderson</u>	(17) BIRTHPLACE <u>Anderson</u>
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(18) OCCUPATION <u>Teacher</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>16</u>	(21) Number of children of this mother now living, including present birth <u>16</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) <u>D. J. Burton</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Anderson, S.C.</u>
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(26) Witness <u>Anderson, S.C.</u>	(27) Filed <u>3-1-23</u>	(28) Local Registrar <u>Anderson, S.C.</u>
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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.

Supplementary report
Address Anderson
Filed 3-1-23, 19 23