

(1) PLACE OF BIRTH

County of Laurens
 Township of Young
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
65127

Registration District No. 2908 Registered No. 39
 (For use of Local Registrar)

(2) Full Name of Child Harold Burdette If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Edgar Burdette

(9) PRESENT POSTOFFICE OF FATHER Sanford A.P. O.P.D. #1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE near Sanford A.P.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Angenia Swain

(15) PRESENT POSTOFFICE OF MOTHER Sanford A.P. O.P.D. #1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE near Due West A.P.

(19) OCCUPATION housekeeper

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) P. H. Bryson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Bryson A.P.

Given name added from a supplemental report

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

(27) Filed 7/11 1916 (28) P. H. Bryson 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.