

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Greenville

Township of

OR
Inc. Town of Greenville

OR

City of

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

(2) Full Name of Child James Clarence BurdineFile No. — For State Registrar Only
34526

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 22ARegistered No. 533
(For use of Local Registrar)(3) BOY OR GIRL
boy(4) Twin or Triplet?
To be answered only in case of Twins or Triplets(5) Number in order of birth
3(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 23 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph James Burdine(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Anderson(13) OCCUPATION Travelling Salesman(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Suey Alma Ashields(15) PRESENT POSTOFFICE OF MOTHER Greenville & 425 1/2 S main(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Housewife(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 born alive at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Blair W. Brown(24) State whether Physician or Midwife MW(25) Address of Physician or Midwife
R. F. D. No. 2
GREENVILLE, 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 Nov 7 1922 (28) C. E. Smith 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.

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