

(1) PLACE OF BIRTH

County of Cayderson
Township of Cover
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

13593

Registration District No. 304
Registered No. 48
(For use of Local Registrar)
(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 13, 1927
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Lawrence F. Burdette

(14) NAME BEFORE MARRIAGE Mary Le Ursery

(9) PRESENT POSTOFFICE OF FATHER Law 36

(15) PRESENT POSTOFFICE OF MOTHER Law 36

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Year)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Year)

(12) BIRTHPLACE Law 36

(18) BIRTHPLACE Hamlet S.C.

(13) OCCUPATION farmer

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 2

(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 alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. A. Burruss M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Law 36

Given name added from a supplemental report

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

(27) Filed May 13, 1927 (28) J. M. McAdams Local Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make this report. 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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