

(1) PLACE OF BIRTH

County of AndersonTownship of Fortor
Inc. Town of
orCity of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48003

(2) Full Name of Child. Herbert Odell Burdette { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 10, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carl Odell Burdette(9) PRESENT POSTOFFICE OF FATHER Lawnville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Oconee Co. SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Louise Eder(15) PRESENT POSTOFFICE OF MOTHER Lawnville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Oconee 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 born alive at 1230 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Watson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lawnville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 15, 1916 (28) R. H. McEclair 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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