

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

46860

County of L. D. Burdette  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 3114 Registered No. 31  
 or  
 City of ..... (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. Carrie L. 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 1 20 1916  
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME <u>Carrie L. Burdette</u>	(14) NAME BEFORE MARRIAGE <u>Carrie L. Burdette</u>
(9) PRESENT POSTOFFICE OF FATHER <u>.....</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>.....</u>
(10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>.....</u> (Years)
(12) BIRTHPLACE <u>.....</u>	(18) BIRTHPLACE <u>.....</u>
(13) OCCUPATION <u>.....</u>	(19) OCCUPATION <u>.....</u>
20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. S. Wilson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gastons, 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 1-20-1916 (28) P. S. Wilson 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.

FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.

MacKay of Columbia

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