

16 092955

Standard Certificate of Birth

FILE No.—For State Registrar Only
0035

1. PLACE OF BIRTH
County of Anderson,
Township of "
or "
Inc. Town of "
or "
City of "

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3-A Registered No. _____
(For use of Local Registrar)
(No. Anderson County Hospital. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Edward Rogers Burkett (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural birth None 4. Twin, triplet, or other None 5. Number, in order of birth 1 6. Premature Yes 7. Are Parents Married Yes 8. Date of birth October 24, 1916
(Month, day, year)

9. Full name FATHER
Charles Henry Burkett

18. Full maiden name MOTHER
James Alice Tribble.

10. Residence (usual place of abode) (If non-resident, give place and State) Anderson, S.C.

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11. Color or race W. 12. Age at last birthday 24 (years)

20. Color or race W. 21. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Anderson County.

22. Birthplace (city or place) (State or country) Anderson County.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Oil Mill.
16. Date (month and year) last engaged in this work Present. 17. Total time (years) spent in this work 19

OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home.
25. Date (month and year) last engaged in this work 1910 26. Total time (years) spent in this work 1

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months weeks 29 Cause of stillbirth Before labor During labor

Specify any physical deformities of child at birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8 P.M. on the date above stated.
(Born alive or stillborn)

(Signed) J. K. Yancy, M.D.
or _____, Midwife

Given name added from Page 11
a supplemental report _____
(Date of)

Address Anderson
Filed Nov. 24, 1927 M.B. Norwood
West. State Registrar.

Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate)