

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)

16 092955

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-A

FILE No.—For State Registrar Only

0035

Registered No.

(For use of Local Registrar)

(No. Anderson County Hospital.)

Ward

1. PLACE OF BIRTH

County of Anderson,

Township of "

or "

Inc. Town of "

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

Edward Rogers Burkett

(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl
Boy

If Plural
birth

4. Twin, triplet, or other

6. Premature

7. Are Parents

8. Date of birth

1916

5. Number, in order of birth

Full term

Married

(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.

19. Residence (usual place of abode)

(If non-resident, give place and State) Anderson, S.C.

11. Color or race

W.

12. Age at last birthday

24

20. Color or race

W.

21. Age at last birthday

23

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

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

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)

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

(Signed)

J. K. Yancy

M.D.

or

Midwife

Given name added from
a supplemental report

(Date of)

Address

Nov. 74

1937

M. B. Norwood
Asst. State Registrar

Registrar.