

(1) PLACE OF BIRTH

County of

Greenville

Township of

Greenville

Inc. Town of

or

City of

(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

90109

Registration District No.

2209

Registered No.

594

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 6

(Name of Month) (Day) 1916 (Year)

FATHER.

(8) FULL NAME

Mason Melvin Burdine

(9) PRESENT POSTOFFICE OF FATHER

Greenville SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

43

(Years)

(12) BIRTHPLACE

Greenville SC

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Ida Howard

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

42

(Years)

(18) BIRTHPLACE

Greenville SC

(19) OCCUPATION

at home

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

6

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born *born alive* at *315 A* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Chas. P. Benson Jr.

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Travelers Rest S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

Jan 17 1917

(28)

a. J. M. Slay 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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