

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Woodruff

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**79361**

Registration District No. 4009 Registered No. 119  
(For use of Local Registrar)  
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 Emma Viola Burdett If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 20, 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Chas H Pool  
(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE Spartanburg Co  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Emma Volvia Burdett  
(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE Laurens Co  
(19) OCCUPATION Housekeeper  
(20) 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 Alive at 7 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) N. N. Worsham  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodruff 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 10/10 1916 (28) Chas. L. Baister 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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