

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of 11  
or  
Inc. Town of 11  
City of 11  
(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

Registration District No. 40-a Registered No. 262  
(For use of Local Registrar)

(No. 345 Starky Ave St.; ..... Ward)

(2) Full Name of Child Burdett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 21 1952</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. E. Burdett</u>			(14) NAME BEFORE MARRIAGE <u>Paul Gault</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg, S.C.</u>	
(10) COLOR OR RACE <u>N</u>	(11) AGE AT LAST BIRTHDAY <u>12 1/2</u> (Years)	(16) COLOR OR RACE <u>N</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>R.R. Clerk</u>			(19) OCCUPATION <u>House-wife</u>	
(20) Number of children born to mother, including present birth <u>2</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 alive at 7 A.M. on the date above stated.  
(Born alive or stillborn. (Hour, M. or P. M.))

(23) (Signature) H. J. Coan, M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

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

(27) Filed 7-1-52 (28) Gas Copes 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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