

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

37004

Registration District No. 117A

Registered No. 113

(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?

Boy

(4) Twin or triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 23, 1917

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. S. Burnett

(9) PRESENT POSTOFFICE OF FATHER

Langley

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Aiken Co S.C.

(13) OCCUPATION

Cotton Mill

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Harris

(15) PRESENT POSTOFFICE OF MOTHER

Langley

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Aiken Co S.C.

(19) OCCUPATION

Housewife

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

7

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Langley

Even name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Dec 5, 1917

(28)

L. W. Spradley

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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