

(1) PLACE OF BIRTH

County of Laurens Co.Township of Youngsor
Inc. Town of Grey Court S.C.City of Grey Court S.C.

(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

86403

Registration District No. 2908 Registered No. 84
(For use of Local Registrar)(2) Full Name of Child J. C. Burdett 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) Yes or No (7) DATE OF BIRTH Oct. 21 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Wells Burdett(9) PRESENT POSTOFFICE OF FATHER Grey Court S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Laurens Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Lee Glenn(15) PRESENT POSTOFFICE OF MOTHER Grey Court S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Laurens Co.(19) OCCUPATION Domestic(21) 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 9:30 A. M., (Both alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) C. D. Hanna(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Enoree 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 12/1/11 1911 (28) C. D. Hanna Local Registrar

*When there was no attending physician or midwife, then the father, household, etc. should make this report. 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.