

(1) PLACE OF BIRTH

County of **Spartanburg**Township of **Spartanburg**or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12-For State Registrar Only

12134

Registration District No.

Registered No.

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Julian Burnett**

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

(3) SEX OR
ONLY **Boy**(4) Twin
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in
order of birth **One**(6) Are
Parents
Married? **Yes**(7) DATE OF
BIRTH **April 2nd 23**

(Name of Month (Day) (Year))

FATHER.

(8) FULL
NAME **Clifton Burnett**(9) PRESENT
POSTOFFICE
OF FATHER **Spartanburg R.F.D 2**(10) COLOR
OR
RACE **White**(11) AGE AT LAST
BIRTHDAY **34**
(Years)

(12) BIRTHPLACE

Spartanburg Co. S. C.

(13) OCCUPATION

Farmer(14) Number of children born to
father, including present birth**One**

MOTHER.

(14) NAME BEFORE
MARRIAGE **Ada Mary Haynes**(15) PRESENT
POSTOFFICE
OF MOTHER **Spartanburg R.F.D. 2**(16) COLOR
OR
RACE **White**(17) AGE AT LAST
BIRTHDAY **30**
(Years)

(18) BIRTHPLACE

Clyde, W. O.

(19) OCCUPATION

Housewife(20) Number of children of this mother
now living, including present birth**One**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was **alive** at **10:30 A.M.**
on the date above stated. (Hour A. M. or P. M.)(22) (Signature) **A. J. Wake M.D.**(23) State whether Physician or Midwife **M.D.**(24) Address of Physician or Midwife **Spartanburg**Give name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed **Apr. 14 1923**(27) **Mrs. C. F. Parker**
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.