

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of Mor
Inc. Town of
orCity of Greenville (No. 2209 Registered No. 25 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 Bonnie Burdette { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parent Married? Yes (7) DATE OF BIRTH July 11 1935
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Blanton P Burdette(9) PRESENT POSTOFFICE OF FATHER 16-3 1/2 Du Johnson Hill(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 14 (Years)(12) BIRTHPLACE Ga(13) OCCUPATION Meat Cutter(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Margie Proffitt(15) PRESENT POSTOFFICE OF MOTHER 16-3 1/2 Du Johnson Hill(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Ill(19) OCCUPATION None(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 2:30 P. M.,
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. McLoon(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Dr. J. McLoon 100 N. Coffee

Given name added from a supplemental report

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

(27) Dated Jan 28 1936 (28) G. J. McLoon 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.

File No.—For State Registrar Only

46373

THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MUST BE USED FOR EACH CHILD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.