

(1) PLACE OF BIRTH

County of *Laurens*Township of *Hope*

Inc. Town of

or

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

2685

Registration District No. *4301*Registered No. *6*

(For use of Local Registrar)

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

(1) BOY OR GIRL?

Girl

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married?

Yes(7) DATE OF BIRTH *May 27* (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Max White

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY *34* (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

7

MOTHER.

(15) NAME BEFORE MARRIAGE

Essie Williams

(16) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(17) COLOR OR RACE

Negro(18) AGE AT LAST BIRTHDAY *29* (Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive*, at *7* P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Emma White*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Greenville 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 *Jan 31 1922*(28) *J. R. Blackwell* 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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N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 2.

Law of Columbia.