

(1) PLACE OF BIRTH
 County of Orchester
 Township of Surge
 or
 Inc. Town of Ridgewell
 or
 City of 1700 P.
 (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

No. for State Register Card
28122

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

(3) SEX of Child Boy (4) Twin or Triplet No (5) Number in order of birth 35 (6) AGE 35 (7) DATE OF BIRTH Sept 8, 20
 To be answered only in case of Twin or Triplet (Month of Month) (Day) (Year)

(8) FULL NAME OF FATHER Carl White (9) FULL NAME OF MOTHER Estelle Joyner

(10) PRESENT RESIDENCE OF FATHER Ridgewell, S.C. (11) PRESENT RESIDENCE OF MOTHER Ridgewell, S.C.

(12) COLOR OR RACE negro (13) AGE AT LAST BIRTHDAY 32 (14) COLOR OR RACE negro (15) AGE AT LAST BIRTHDAY 32

(16) BIRTHPLACE So. Car. (17) BIRTHPLACE So. Car.

(18) OCCUPATION Labourer (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) Martha Green

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ridgewell, S.C.

(Given name added from a supplemental report)

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

(27) Filed Sept 18, 23 (28) W. H. Johnston 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 stillborns before the fifth month of pregnancy.