

(1) PLACE OF BIRTH

County of *York*

Township of *Burges*

or
Inc. Town of *Ridgewille*

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

No. for State Register Card

28122

Registration District No. *170.P.*

Registered No. *89*

(For use of Local Registrar)

(2) Full Name of Child *Carl White*

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

(3) SEX OF CHILD <i>Boy</i>	(4) Twin or Triplet <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Sex of mother <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 8 1923</i>
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(8) FULL NAME OF FATHER *Carl White*

(10) NAME OF MOTHER *Estelle Joyner*

(9) PRESENT POSTOFFICE OF FATHER *Ridgewille, S.C.*

(11) PRESENT POSTOFFICE OF MOTHER *Ridgewille, S.C.*

(12) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *35*

(13) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *32*

(14) BIRTHPLACE *So. Car.*

(15) BIRTHPLACE *So. Car.*

(16) OCCUPATION *Labourer*

(18) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *6*

(21) Number of children of the 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.

(23) (Signature) *Martha Green*

(24) Name whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Ridgewille, S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 22 is signed by parent) *Sept 18 1923* (27) Filed *Sept 18 1923* 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.