

## (1) PLACE OF BIRTH

County of CharlestonTownship of Summervilleor Town of Leawardsor City of Gaffney, S.C.

(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

59125

Registration District No. 1.0.23 Registered No. 7.6

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>11</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 21, 1916</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Henry White(9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C.(10) COLOR white OR RACE Can. (11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE Spartanburg, S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Westphal(15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C.(16) COLOR white OR RACE Can. (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Spartanburg, S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. S. Sweeney, Jr.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney, 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 June 22, 1916 (28) H. D. Pritchard 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.

Registrar Wm. S. Sweeney, Jr. Local Registrar H. D. Pritchard

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WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. E.—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.