

(1) PLACE OF BIRTH

GERTIFICATE OF BIRTH

File No.—For State Registrar Only

59125

County of Cherokee

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Asheville

or Inc. Town of Leicester Registration District No. 1.0.03 Registered No. 7.6

(For use of Local Registrar)

or City of Gaffney, S.C. (No. 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. Joseph Edward White } If child is not yet named, make supplemental report as directed

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

FATHER.

MOTHER.

(8) FULL NAME John Henry White

(14) NAME BEFORE MARRIAGE Lillian Gustafson

(9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Spartanburg, S.C.

(18) BIRTHPLACE Spartanburg, S.C.

(13) OCCUPATION Carpenter

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 11

(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, M.D.

(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. Postelward 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 Local Registrar

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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 5. M.C.A.W. of Columbia