

(1) PLACE OF BIRTH

County of Marshall
 Township of Summerville
 or
 Inc. Town of Summerville
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
42146

Registration District No. 17A Registered No. 81
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 29, 1930
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER:
 (8) FULL NAME Jack Whitworth
 (9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE Pa.
 (13) OCCUPATION Butcher
 (20) Number of children born to mother, including present birth 1

MOTHER:
 (14) NAME BEFORE MARRIAGE Ann L. Pettit
 (15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE Pa.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1300 M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Edward J. Pettit (24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report

Witness necessary only when question 23 is signed "mark"

When there is a death of a child, the household, etc., should make this return. If a child breathes even for a moment, the report is desired of stillbirths.

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