

(1) PLACE OF BIRTH

County of RichlandTownship of Blythewoodor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3800

File No.—For State Registrar Only

91571Registered No. 177

(For use of Local Registrar)

(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 Addie Whitaker

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

(3) Boy or Girl?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 27, 16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Henry Whitaker(9) PRESENT POSTOFFICE OF FATHER Killian SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE Richland Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Mullin(15) PRESENT POSTOFFICE OF MOTHER Killian SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Richland Co SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Born alive ... at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mattie Stravens(24) State whether Physician or Midwife (25) Address of Physician or Midwife Killian SC

Given name added from a supplemental report

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

(27) Filed Jan 8 17 (28) W. M. Lean 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.