

Registration Dist. No. 3800

CERTIFICATE OF BIRTH

Vital Statistics — State Board of Health

Registrar's No. 182

South Carolina

Birth No. 139 16-091574

1. PLACE OF BIRTH a. COUNTY Richland		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE South Carolina		b. COUNTY Richland	
b. CITY, TOWN, or LOCATION Blythewood		c. CITY, TOWN, or LOCATION Blythewood			
c. NAME OF HOSPITAL or INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS			
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. NAME (Type or print) First HENRY		Middle	Last WHITAKER	
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1ST <input type="checkbox"/> 2D <input type="checkbox"/> 3D <input type="checkbox"/>		6. DATE OF BIRTH Month Day Year Dec. 17 1916

7. NAME First Man		Middle	Last Whitker		8. COLOR OR RACE Colored
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Ridgeway, S. C.		11a. USUAL OCCUPATION Farming		11b. KIND OF BUSINESS OR INDUSTRY

12. MAIDEN NAME First Maggie		Middle	Last Harrison		13. COLOR OR RACE Colored
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Ridgeway, S. C.		16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth)		

17. I have reviewed the information on this, my child's birth certificate, and find it to be correct.		n. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many fetal deaths (fetuses born dead at ANY time after conception)?
17a. MOTHER'S MAILING ADDRESS				
(Signature of Mother)				

I hereby certify that this child was born alive on the date stated above. 8:00am		18. SIGNATURE Love McDonald	18a. ATTENDANT AT BIRTH (If Other Specify) M.D. <input type="checkbox"/> Midwife <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
18b. ADDRESS Blythewood, South Carolina		18c. DATE SIGNED		

19. DATE RECD. BY LOCAL REG. January 11, 1917	20. REGISTRAR'S SIGNATURE W. A. McLean
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FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

21a. LENGTH OF PREGNANCY WEEKS	21b. WEIGHT AT BIRTH lb. oz.	22. IS MOTHER MARRIED TO FATHER OF CHILD? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	23. MOTHER'S BLOOD TESTED FOR SYPHILIS? YES <input type="checkbox"/> NO <input type="checkbox"/> DATE LABORATORY
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24a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	24b. STATE ANY OPERATION FOR DELIVERY	24c. DESCRIBE ANY BIRTH INJURY
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24d. DESCRIBE ANY CONGENITAL MALFORMATIONS	24e. WHAT PROPHYLACTIC USED IN EYES?
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24f. TIME USED	M.
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MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORDDo not use ball point pen.
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.