

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

Do 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.

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 <u>Richland</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>South Carolina</u> b. COUNTY <u>Richland</u>	
b. CITY, TOWN, or LOCATION <u>Blythewood</u>		c. CITY, TOWN, or LOCATION <u>Blythewood</u>	
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 <u>HENRY</u> Middle <u>WHITAKER</u> Last <u>WHITAKER</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH <u>SINGLE</u> <input type="checkbox"/> <u>TWIN</u> <input type="checkbox"/> <u>TRIPLET</u> <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 <u>Dec.</u> Day <u>17</u> Year <u>1916</u>
7. NAME First <u>Man</u> Middle <u>Whitker</u> Last <u>Whitker</u>		8. COLOR OR RACE <u>Colored</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ridgeway, S. C.</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MAIDEN NAME First <u>Maggie</u> Middle <u>Harrison</u> Last <u>Harrison</u>		13. COLOR OR RACE <u>Colored</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ridgeway, S. C.</u>	16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. 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)?	
17. I have reviewed the information on this, my child's birth certificate, and find it to be correct.		17a. MOTHER'S MAILING ADDRESS	
(Signature of Mother)			

I hereby certify that this child was born alive on the date stated above. <u>8:00am</u>		18. SIGNATURE <u>Love McDonald</u>	18a. ATTENDANT AT BIRTH (If Other Specify) M.D. <input type="checkbox"/> Midwife <input checked="" type="checkbox"/> Other <input type="checkbox"/>
18b. ADDRESS <u>Blythewood, South Carolina</u>		18c. DATE SIGNED	
19. DATE RECD. BY LOCAL REG. <u>January 11, 1917</u>		20. REGISTRAR'S SIGNATURE <u>W. A. McLean</u>	

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
24a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	24b. STATE ANY OPERATION FOR DELIVERY	24c. DESCRIBE ANY BIRTH INJURY	
24d. DESCRIBE ANY CONGENITAL MALFORMATIONS		24e. WHAT PROPHYLACTIC USED IN EYES?	
		24f. TIME USED M.	