

(1) PLACE OF BIRTH

County of

Charleston

Township of

11

Inc. Town of

11

City of

11

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Defect of Rebecca White

Supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 8

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Elijah White

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Edisto Island

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Westport

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

Edisto Island

(19) OCCUPATION

Domestic

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

9

(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 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

W.H.D.

(Refer Hospital)

Given name added from a supplemental report

191

(26) Witness

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

(27) Filed

17/12/16

191

(28)

J. Morris Green H.E.

Local Registrar

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.

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