

## (1) PLACE OF BIRTH

County of AndersonTownship of York

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Register Only

2806

Registration District No. 365 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Francis Caroline Whitfield If child is not yet named, make supplemental report as directed (Ward)(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 Feb 12 27 make (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Winfield H. Whitfield(9) PRESENT POSTOFFICE OF FATHER Laurville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Lois Gleason(15) PRESENT POSTOFFICE OF MOTHER Laurville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Lau wife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(22) (Signature) J. P. Gallaway(23) State whether Physician or Midwife (24) Address of Physician or Midwife 111. 14 St. or. mar

(Given name added from a supplemental report)

May 4 1923Francis S. Sainey

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

(26) Filed Feb 16 1923 (27) J. P. Gallaway 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.

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