

## (1) PLACE OF BIRTH

County of NewberryTownship of # 121or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31467

Registration District No. 3411 Registered No. 28  
(For use of Local Registrar)

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

(2) Full Name of Child Willie Francis White

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept 26, 22  
(Name of Month) (Day) (Year)

(8) FULL NAME

Willie Frank White

(9) PRESENT POSTOFFICE OF FATHER

Little Mountain

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Roll Driller

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

8

(14) NAME BEFORE MARRIAGE

Mamie Frick

(15) PRESENT POSTOFFICE OF MOTHER

Little Mountain

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. at 8:30 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. H. S. Leahy(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Little Mountain

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 27(28) H. H. S. Leahy

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.

N. B.—In case of stillbirth, the mother must be examined by a physician or midwife, and a supplemental report made. 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.