

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

## (1) PLACE OF BIRTH

County of GreenwoodTownship of Greenwood

Inc. Town of .....

City of Greenwood

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

Registration District No. 2806Registered No. 38  
(For use of Local Registrar)(2) Full Name of Child Jesse Austin Whitfield

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH 2-25-1910  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME P. A. Whitfield

(9) PRESENT POSTOFFICE OF FATHER

Greenwood, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34  
(Years)

(12) BIRTHPLACE

Florida

(13) OCCUPATION

Textile

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary J. Whitfield

(15) PRESENT POSTOFFICE OF MOTHER

Greenwood, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE

Portland, S.C.

(19) OCCUPATION

Textile

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 1 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) C. J. Curry

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Physician - Greenwood, S.C.

(Given name added from a supplementary report)

See AffidavitA. A. Riser, M.D.

(25) Witness

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

(26) Signed

Local Registrar

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 If a child breathes after birth, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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