

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

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

(2) Full Name of Child. Eddie White If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Liger Pendergrass(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE St. Louis Island(13) OCCUPATION Road work(14) Number of children born to mother, including present birth 1-3

MOTHER.

(14) NAME BEFORE MARRIAGE Currie Brown(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Madagascar (?) Island(19) OCCUPATION Cook(20) Number of children of this mother now living, including present birth 1-one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:45 A.M. on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2/23/22(28) Local Registrar J. M. Green

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.

No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

4-4-21

File No.—For State Registrar Only

3367

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 ARegistered No. 211

(For use of Local Registrar)

(No. 7 Palm St.; Ward)

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

(2) Full Name of Child. Eddie White If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Liger Pendergrass(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE St. Louis Island(13) OCCUPATION Road work(14) Number of children born to mother, including present birth 1-3

MOTHER.

(14) NAME BEFORE MARRIAGE Currie Brown(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Madagascar (?) Island(19) OCCUPATION Cook(20) Number of children of this mother now living, including present birth 1-one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:45 A.M. on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2/23/22(28) Local Registrar J. M. Green

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.

No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

4-4-21