

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

County of Columbia.
City of Pendleton.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71308

(1) PLACE OF BIRTH
Anderson

County of

Township of ..Pendleton....

Inc. Town of

City of

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

(2) Full Name of Child. *Dessie Anne Whitman*

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 *26 6*
(Name of Month) (Day) 19*19* (Year)

(8) FULL NAME FATHER. *Thomas Luther Whitman*(9) PRESENT POSTOFFICE OF FATHER *Pendleton, S. C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *19* (Years)(12) BIRTHPLACE *Anderson Co., S. C.*(13) OCCUPATION *Mill-operative*(20) Number of children born to mother, including present birth *One*(14) NAME BEFORE MARRIAGE *Erk Maddox*(15) PRESENT POSTOFFICE OF MOTHER *Pendleton, S. C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *Gwinnette Co., Georgia.*(19) OCCUPATION *House-wife*(21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9:30* *A* M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *C. C. Patton*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Pendleton, S. C.

Given name added from a supplemental report

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

(27) Filled *1919* (28) Local Registrar *H. V. Seawright Sub.*

*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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