

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. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Oconee</u>		STATE OF SOUTH CAROLINA		43878	
Township of <u>Center</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>3900</u>		Registered No. <u>161</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Elaine</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 14</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Dwain Whitfield</u>			(14) NAME BEFORE MARRIAGE <u>Arline Dickerson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Westminster</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Westminster</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Georgia</u>			(18) BIRTHPLACE <u>Daffar Georgia</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housekeeping</u>		
(20) Number of children born to mother, including present birth <u>140</u>			(21) Number of children of this mother now living, including present birth <u>12</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:					
(22) I hereby certify that I attended the birth of this child, who was <u>a live</u> at <u>12 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Cula Paule Midwife</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Jan 9</u> 19 <u>23</u> (28) <u>A. P. Walter</u> 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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