

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

OR  
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

37076

Registration District No. 3. ARegistered No. 475  
(For use of Local Registrar)(No. S. Main st St. .... Ward)

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

(2) Full Name of Child James Wilbur White

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 event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Nov 17 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wilbur Hawkins White(9) PRESENT POSTOFFICE OF FATHER Anderson R7D#1(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE And. Co.(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Clara Blanche Ellis(15) PRESENT POSTOFFICE OF MOTHER Anderson SC(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE And. Co.(19) OCCUPATION domestic

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive nt. 8 A M.  
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) Ed Young M.D.

(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)

E. B. CRAYTON,

(27) Filed

19

(28)

ANDERSON, S.C.

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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