

## (1) PLACE OF BIRTH

County of York  
 Township of Broad River  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Register Card  
**38054**

Registration District No. 4402 Registered No. 24  
 (For use of Local Registrar)

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

(2) Full Name of Child Willie May Whitesides If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Type of Triplet No (5) Number in order of birth 1 (6) Date of Birth Nov. 8, 1923  
 To be answered only in case of Triplets (Name of Month) (Day) (Year)

| FATHER.  |   | MOTHER.   |   |
|--|---|---|---|
| (8) FULL NAME <u>Clinton Whitesides</u>                                  | (14) NAME BEFORE MARRIAGE <u>Eather Whitesides</u>                                  | (10) PRESENT RESIDENCE OF FATHER <u>Hickory Grove, S.C.</u> | (16) PRESENT RESIDENCE OF MOTHER <u>Hickory Grove, S.C.</u> |
| (9) COLOR OR RACE <u>Col.</u>  | (11) AGE AT LAST BIRTHDAY <u>22</u> (Years)   | (12) COLOR OR RACE <u>Col.</u>                              | (17) AGE AT LAST BIRTHDAY <u>20</u> (Years)                 |
| (13) BIRTHPLACE <u>York Co. S.C.</u>                                     | (15) BIRTHPLACE <u>York Co. S.C.</u>  | (18) OCCUPATION <u>Farmer</u>                               | (19) OCCUPATION <u>Farmer</u>                               |
| (20) Number of children born to mother, including present birth <u>1</u> | (21) Number of children of this mother now living, including present birth <u>1</u> |   |   |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Age at Birth P. M.)

(23) (Signature) Pary Lee Whitesides (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hickory Grove, S.C.

(Given name added from a supplemental report)

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

(27) Filed Dec. 8, 1923 (28) S. H. Wilkerson 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.