

(1) PLACE OF BIRTH

County of Christfield
 Township of Peck Run
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

29628

Registration District No. 12.08Registered No.
(For use of Local Registrar)(2) Full Name of Child Sonise White

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH July 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY.....
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sutton White(15) PRESENT POSTOFFICE OF MOTHER Society Hill(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY.....
(Years)(18) BIRTHPLACE Christfield Co.,(19) OCCUPATION House and field work.(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 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report

(26) Witness W. S. Thompson

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

(27) Filed 19(28) D. J. Matheson

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.