

(1) PLACE OF BIRTH

County of Berkley
 Township of 1st
 or
 Inc. Town of _____
 or
 City of _____
 (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

10123

Registration District No. _____

Registered No. 21
(For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child

Marion Elyn White

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

SEX OF CHILD

(4) Twin or Triplet?

(5) Number in order of birth

(6) Newborn Married?

(7) DATE OF BIRTH

Apr 28 1922
(Name of Month) (Day) (Year)

FATHER

(3) FULL NAME

E. W. White

(8) PRESENT POSTOFFICE OF FATHER

Cordisville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40
(Year)

(12) BIRTHPLACE

Berkley Co

(13) OCCUPATION

Laborer

MOTHER

(14) NAME BEFORE MARRIAGE

M. E. White

(15) PRESENT POSTOFFICE OF MOTHER

Cordisville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32
(Year)

(18) BIRTHPLACE

Berkley Co

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at 8 1/2 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. E. Gray

(24) State whether _____ Midwife

(25) Address of Physician or Midwife

August, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed

4/291922For J. Cannon

Local Registrar

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.