

(1) PLACE OF BIRTH

County of PickensTownship of Perrin

Inc. Town of

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

4960

Registration District No. 31.04Registered No. 12

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Whitless

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 9, 1923</u> (Time of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Hubert Whitless(9) PRESENT POSTOFFICE OF FATHER Pickens S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Eula Couch(15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was White on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Galt

(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)

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Registrar

(27) March 9, 1923 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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