

FORM NO. 1.

(1) PLACE OF BIRTH

County of HarryTownship of Bayboro

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
49468Registration District No. 1500 Registered No. 120

(For use of Local Registrar)

(2) Full Name of Child Earnest White

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 23</u>
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME Sam White(9) PRESENT POSTOFFICE OF FATHER Calivants Ferry S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3'9' (Years)(12) BIRTHPLACE Westerfield Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ray(15) PRESENT POSTOFFICE OF MOTHER Calivants Ferry S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Harry Co S.C.(19) OCCUPATION Housewife(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 Born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Banta(24) State whether Physician or Midwife noted as midwife (25) Address of Physician or Midwife Allbrook S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 29 191 6 (28) J. H. Banta 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCaw, of Columbia.