

## (1) PLACE OF BIRTH

County of SaludaTownship of # 2

Inc. Town of .....

City of .....

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

(2) Full Name of Child Laurice Whittle If child is not yet named, make supplemental report as directed

(3) SEX OR SEX	(4) Age or Age	(5) Number in order of birth	(6) Is born	(7) DATE OF BIRTH
Male	To be answered in case of twins or triplets		Yes	Jan 14, 1923 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Woodrow Whittle</u>	(10) NAME BEFORE MARRIAGE	<u>Annie Belle Warren</u>
(9) PRESENT RESIDENCE OF FATHER	<u>Batesburg</u>	(11) PRESENT RESIDENCE OF MOTHER	<u>Batesburg</u>
(12) COLOR OR RACE	<u>White</u>	(13) COLOR OR RACE	<u>White</u>
(14) BIRTHPLACE	<u>Saluda Co</u>	(15) BIRTHPLACE	<u>Lexington Co</u>
(16) OCCUPATION	<u>Farming</u>	(17) OCCUPATION	<u>Housewife</u>
(18) Number of children born to mother, including present birth	<u>13</u>	(19) Number of children of this mother now living, including present birth	<u>13</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 8 A M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Lura Anna Whittle(22) State whether Physician or Midwife Mid(23) Address of Physician or Midwife BatesburgGiven name added from a supplement-  
tal report

(24) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(25) Filed May 12, 1923 (26) Lura J. E. Branch  
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.

U. S. DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.  
No. 1. THIS OTHER, No. 2, etc. In question 2.  
No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2.

DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.

## CERTIFICATE OF BIRTH

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

No. 1.—For State Registrar  
11902

Registration District No. 3901 Registered No. 36  
(For use of Local Registrar)

(No. .... St. .... Ward)

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