

MARGIN RESERVED FOR BUNDLING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 2.

WILKINSON, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Berkely*
 Township of *St. Thomas*
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only
80411

Registration District No. *707*

Registered No. *22*
 (For use of Local Registrar)

(2) Full Name of Child *Echar White*
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY, ☒ *boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug 1 1916*
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *John White*
 (9) PRESENT POSTOFFICE OF FATHER *Wando Sc*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *35*
 (Years)
 (12) BIRTHPLACE *Berkely Sc*
 (13) OCCUPATION *Laborer*
 (20) Number of children born to mother, including present birth *Four*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Eliza Parcher*
 (15) PRESENT POSTOFFICE OF MOTHER *Wando Sc*
 (16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *30*
 (Years)
 (18) BIRTHPLACE *Wando Sc*
 (19) OCCUPATION *cook*
 (21) Number of children of this mother now living, including present birth *Four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was *born alive* at *8 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) *M. W. Wando Sc*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Hannah Parcher*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *of 7* 10/16 (28) *W. E. Cook* 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.