

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Bullock Creek

Inc. Town of

City of

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

Registration District No. 4403Registered No. 42
(For use of Local Registrar)(2) Full Name of Child Prager White

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 9 1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME <u>Sam White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Sharon S.C.P.A.</u>	
(10) COLOR OR RACE <u>Black</u>	(12) BIRTHPLACE <u>York Co. S.C.</u>
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>1 3</u>	

MOTHER

(14) NAME BEFORE MARRIAGE <u>G. White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Sharon S.C.P.A.</u>	
(16) COLOR OR RACE <u>Black</u>	(18) BIRTHPLACE <u>York Co. S.C.</u>
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>1 2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Sam White at 11 P. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Sharon S.C.P.A.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 25 1922 (28) W. A. Mitchell
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.

MARGIN RESERVED FOR ENDORS.

WRITED 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 3.

BUREAU OF COLUMBIA, COLUMBIA, S. C.