11/9/n

(1) PLACE OF BIRTH

County of Hamlet

Township of Peoples

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
30665

Registration District No. 4402 Registered No. 128
(For use of Local Registrar)

(2) Full Name of Child Lonie White

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month, Day)	(Year)
Boy	1			Sept 19	22

(4) To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Chester White

(9) PRESENT POSTOFFICE OF FATHER Bruson S C

(10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Laborn N C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie McWhite

(15) PRESENT POSTOFFICE OF MOTHER Bruson

(16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE N Co

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Nellie Burges Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Sept 30 19 22 (28) M Rogers
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 BINDING.
WRITE PLAINLY. WHERE INFORMATION IS NOT KNOWN, MAKE A PERSONAL INQUIRY.
IF BIRTH OCCURRED IN CITY OR TOWN OF 5,000 OR MORE INHABITANTS, OR IN A HOSPITAL OR INSTITUTION, USE A SEPARATE BLANK FOR EACH CHILD, and mark the
PENALTY FOR NEGLECT OR REFUSAL TO MAKE RETURN.—Section 1, Title 32, Code of Laws of South Carolina, 1922, provides that the Local Registrar shall forfeit and pay to the County Treasurer the sum of $10.00 for each neglect or refusal to make return of any birth, death or stillbirth, as required by law, within ten days after the expiration of the month in which such birth, death or stillbirth occurred. Section 2, etc., in question.