

DESIGN RECOMMENDED FOR RECORDING.
 WRITE PLAINLY, WITH INK, INK—THIS IS A PRELIMINARY RECORD.
 AND OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN No. 1 THE OTHER No. 2, etc. in question 4

(1) PLACE OF BIRTH

County of Shufery
 Township of 2
 Inc. Town of
 City of

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

File No.—For State Registrar Only
466

Registration District No. 34 Registered No. 8
 (For use of Local Registrar)

(2) Full Name of Child

(1) BOY OR GIRL	(2) Time of Birth	(3) Number in order of birth	(4) Age Parents Married	(5) DATE OF BIRTH
	To be answered only in case of Twin or Triplets			<u>Feb 9</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME	(7) PRESENT POSTOFFICE OF FATHER	(8) COLOR OR RACE	(9) AGE AT LAST BIRTHDAY	(10) NAME BEFORE MARRIAGE
<u>John Whitner</u>	<u>Shufery S.C.</u>	<u>Black</u>	<u>32</u>	<u>Loda Whitner</u>
(11) BIRTHPLACE	(12) OCCUPATION	(13) BIRTHPLACE	(14) AGE AT LAST BIRTHDAY	(15) PRESENT POSTOFFICE OF MOTHER
<u>Shufery Co. S.C.</u>	<u>Farmer</u>	<u>Shufery Co. S.C.</u>	<u>32</u>	<u>Shufery S.C.</u>
(16) Number of children born to mother, including present birth	(17) Number of children of this mother now living, including present birth	(18) OCCUPATION	(19) AGE AT LAST BIRTHDAY	(20) BIRTHPLACE
		<u>Farm Helper</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M.
 on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)
 (22) (Signature) Giggie White
 (23) Address of Physician or Midwife Shufery S.C.

(24) Witness (Signature of Witness necessary only when question 21 is signed by mark)
Archib (25) James S. Hoff
 Local Registrar.
 This is the only statement, etc. should make this return.
 No report is needed of stillbirth.