

THIS FORM IS TO BE FILLED OUT BY A PERMANENT RESIDENT OF THE STATE OF SOUTH CAROLINA. IF THE CHILD IS A FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 3.

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

No. — For State Registrar Only
31537

(1) PLACE OF BIRTH
County of Cherokee
Township of Cherokee Falls
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. 1000-0 Registered No. 97
(For use of Local Registrar)

(2) Full Name of Child William S. 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 event of Twins or Triplets | (5) Number in order of birth <u>3</u> | (6) Are Parents Married <u>yes</u> | (7) DATE OF BIRTH <u>Sept. 25, 1928</u> (Name of Month) (Day) (Year) |
|-------------------------------|---|--|---------------------------------------|--|

| | | | |
|---|--|--|---|
| FATHER. | | MOTHER. | |
| (8) FULL NAME <u>Ephraim Mayberry White</u> | (14) NAME BEFORE MARRIAGE <u>Lucie McSwain</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Cherokee Falls S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee Falls S.C.</u> |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>24</u> (Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) |
| (12) BIRTHPLACE <u>Cleveland Co. N.C.</u> | (18) BIRTHPLACE <u>Fulton Co. Ga.</u> | (13) OCCUPATION <u>Textile</u> | (19) OCCUPATION <u>Housewife</u> |
| (20) Number of children born to mother, including present birth <u>3</u> | (21) Number of children of this mother now living, including present birth <u>3</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Hughes M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Hughes M.D.

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

(27) Filed 1928 (28) 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.

Registrar James Fairley Local Registrar James Fairley

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