

1. PLACE OF BIRTH

County of Anderson
 Township of Williamston
 or
 Inc. Town of _____
 or
 City of _____

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

Registration District No. 32 Registered No. 74
 (For use of Local Registrar)

FILE No.—For State Registrar Only

5778-A

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

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

3. BOY OR GIRL
Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

Yes

7. DATE OF BIRTH
MARCH 13th

23

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

8. FULL NAME

Levin A. Whitten

9. PRESENT POSTOFFICE OF FATHER

Pelzer S.C.

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

27

(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

FATHER

20. Number of children born to mother, including present birth

4

MOTHER

14. NAME BEFORE MARRIAGE

Lilla Mae Spence

15. PRESENT POSTOFFICE OF MOTHER

Pelzer S.C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

21

(Years)

18. BIRTHPLACE

GA.

19. OCCUPATION

House Wife

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

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was BORN ALIVE at 2 PM.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

W. J. Welborn Jr.

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

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

27. Filed

Sept 8th 1924

1924

28.

W. J. Welborn Jr.

Local Registrar

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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 10th month of pregnancy.

See attached affidavit
Love

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.