

(1) PLACE OF BIRTH

County of Lincoln
Township of Cons Creek
or
Inc. Town of 178
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35121

Registration District No. 50

Registered No. 40
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frank P. White

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet <i>Twin</i> To be answered only in event of Twin or Triplet	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>March 8</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME *Oscar Wade*

(9) PRESENT POSTOFFICE OF FATHER *Leicester*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *24*
(Years)

(12) BIRTHPLACE *Leicester County*

(13) OCCUPATION *farming*

(28) Number of children born to mother, including present birth *1* *One*

MOTHER

(14) NAME BEFORE MARRIAGE *Thelma Young*

(15) PRESENT POSTOFFICE OF MOTHER *Lancaster*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *31* (Years)

(18) BIRTHPLACE *Lancaster County*

(19) OCCUPATION *Farming*

(21) Number of children of this mother now living, including yourself *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was U. G. W. at 8 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) Walter J. Jagers

(24) State whether Physician or Midwife

(2) Address of Christian or Almy:

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary on
when question 13 is signed)

(27) Filed 10-17-11

(28) F. H. H. H.
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 an stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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