

(1) PLACE OF BIRTH

County of NewberryTownship of no

Inc. Town of

City of

(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

4698

Registration District No. 3408 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child

Wallace Reid White

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

1

6. Are Parents Married?

yes

7. DAYS OF BIRTH

July 101923

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Wallace E. White

9. PRESENT POSTOFFICE OF FATHER

Newberry, S.C.

10. COLOR OR RACE

W

11. AGE AT LAST BIRTHDAY

22

12. BIRTHPLACE

S.C.

13. OCCUPATION

Colonial Mill Operator

14. NAME BEFORE MARRIAGE

White

15. PRESENT POSTOFFICE OF MOTHER

Newberry, S.C.

16. COLOR OR RACE

W

17. AGE AT LAST BIRTHDAY

17

18. BIRTHPLACE

S.C.

19. OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 240 A.M. on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

Physician

(26) Address of Physician or Midwife

Newberry, S.C.

(When name added from a supplemental report)

(27) Witness

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

(28) Filed

July 91923

(29) 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.

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