

MAILED NO. 6  
WHILE PLAINLY, WITH READING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Perdusa

Township of Marion

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

63079

Registration District No. 315

Registered No. 73

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH June 16, 1914  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. H. Whitaker

(9) PRESENT POSTOFFICE OF FATHER Pendleton S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE Pendleton S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Halcomb

(15) PRESENT POSTOFFICE OF MOTHER Pendleton S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Greenville Co. S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) H. L. G. G.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pendleton S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 7/1 1914 (28) N. L. Casey Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child was born alive, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.