

(1) PLACE OF BIRTH

County of Georgetown
 Township of Georgetown
 or
 Inc. Town of
 or
 City of Summers

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32377

Registration District No. 4008 Registered No. 285
 (For use of Local Registrar)

(2) Full Name of Child J. B. White

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 7, 1922</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Lee White</u>			(14) NAME BEFORE MARRIAGE <u>Ethel Blount</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>C. D. White Co. NC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summers SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>C. D. White Co. NC</u>			(18) BIRTHPLACE <u>Georgetown SC</u>	
(13) OCCUPATION <u>Miner Work</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 7:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. Brown(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Physician

Given name and date from a supplemental report

M. B. White M.D.
6/14/143

(26) Witness

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

(27) Filed Sept. 10, 1922

(28)

Mrs. C. F. Parker
 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.

should make this return

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. If a case of TWIN or TRIPLETS use a SUPPLEMENTAL REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 5.

Form No. 6

STATE OF SOUTH CAROLINA, COLUMBIA