

1) PLACE OF BIRTH

County of Flamstead
Township of Gain
City of

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

File No.—For State Registrar Only
18565

Registration District No. 2001 Registered No. 36
(For use of Local Registrar)

(No. St.; Ward)
City of If child is not yet named, make supplemental report as directed

2) Full Name of Child

3) SEX OR GIFT <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 31, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>John Gary Mc White</u>			14) NAME BEFORE MARRIAGE <u>Eddie May Jones</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Pamphlico</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Pamphlico</u>	
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>R.R. Section work</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mag Rhoads

(24) State whether Physician or Midwife
Midwife

(25) Address of Physician or Midwife
Pamphlico

Given name added from a supplemental report

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

(27) Filed June 5, 1922 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.