

(1) PLACE OF BIRTH

County of *Anderson*Township of *9*

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30222

Registration District No. *407*Registered No. *74*
(For use of Local Registrar)

(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 *Marion Odell White* If child is not yet named, make supplemental report as directed(3) SEX OF CHILD
MALE

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)
Sept 16 1923

(8) FULL NAME

Father
Patience I. White

(9) PRESENT POSTOFFICE OF FATHER

Scullin 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

on road work

(15) PRESENT POSTOFFICE OF MOTHER

Scullin 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

42

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

7

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Scullin* at *La.* M., on the date above stated. (Born alive or stillborn. (Hour of day) (Month) (Year))

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name *Marion* from a supplemental report*M. B. W. - M. D.**6/10/43* 19 *23*
Registrar

(26) Witness

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

(27) Filed

Oct 9 1923 (28) *Mrs. J. C. White*
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.

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.