

(1) PLACE OF BIRTH

County of York  
Township of 9  
or  
Inc. Town 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. 4071 Registered No. 74  
(For use of Local Registrar)

City of ..... (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) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 16 1923</u> (Name of Month) (Day) (Year)
FATHER <u>Haber</u>		MOTHER <u>West</u>		
(8) FULL NAME <u>Patience I. White</u>		(14) NAME BEFORE MARRIAGE <u>on 11/24/1921</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

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

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