

Form No. 1

(1) PLACE OF BIRTH

County of OconeeTownship of Keowee

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3532

File No.—For State Registrar Only

39544Registered No. 90
(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 Lellie Mae Whitner

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

July 2, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wack Whitner

(9) PRESENT POSTOFFICE OF FATHER

Salem SC

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

47
(Years)

(12) BIRTHPLACE

Oconee Co.

(13) OCCUPATION

Farming

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Lella Whitner

(15) PRESENT POSTOFFICE OF MOTHER

Salem SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1.0 PM on the date above stated: (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adeline Bragile

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Salem SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 9 1922

(28)

Sam W. Smith
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET, ATTACH SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. RECORD OF COLUMBIA, COLUMBIA, S. C.