

Form No. 1

(1) PLACE OF BIRTH  
County of Greenville  
Township of Greenville  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**77423**

Registration District No. 23/2 Registered No. 94  
(For use of Local Registrar)

(2) Full Name of Child John White Jr } If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11 1916  
To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME John White  
(9) PRESENT POSTOFFICE OF FATHER Greenville  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Year)  
(12) BIRTHPLACE MS  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Maud Harrison  
(15) PRESENT POSTOFFICE OF MOTHER Greenville  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE MS  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was Mrs. Alex at 12:00 A.M. on the date above stated. (Born alive or stillborn) (P.M. or A.M. or P.M.)  
(23) (Signature) Alexander  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report ..... 191...  
(26) Witness J. J. ... (Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed Feb 20 1916 (28) J. J. ... Local Registrar

MARGIN RESERVED FOR BONDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
Cav. of Columbia

\*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.