

Form No. 1

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Gray  
 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)  
 St.; ..... Ward)

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

(3) SEX OR CHILD 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  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John White</u>	(14) NAME BEFORE MARRIAGE <u>Maud Harrison</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Gray</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gray</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>MS</u>	(18) BIRTHPLACE <u>MS</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Mrs. Alice at 12:15 A.M. on the date above stated. (Born alive or stillborn) (P.M. or A.M. or P.M.)

(23) (Signature) Alice (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gray

Given name added from a supplemental report

(26) Witness J. J. [Signature]  
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Oct 20, 1916 (28) J. J. [Signature] 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, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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