

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 or
 Inc. Town of
 or
 City of Country

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1000 B

File No.—For State Registrar Only

29438

Registered No. 63
(For use of Local Registrar)(2) Full Name of Child Howard James White

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jessie White
 (9) PRESENT POSTOFFICE OF FATHER Cherokee Falls
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Rock Hill, S.C.
 (13) OCCUPATION Police
 (20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Florence Hampton
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee Falls
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Cherokee Co S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. J. Hill(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hickory Grove S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 9, 1922 (28) W. H. Whisenand 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.