

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

(If birth occurs in a hospital

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35267

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.

Ward)

## (2) Full Name or Child

George Walker Whitmore

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct 9, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Sam Whitmore

(9) PRESENT POSTOFFICE OF FATHER

Clinton, S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Laurens Co., S.C.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Eula B. Rice

(15) PRESENT POSTOFFICE OF MOTHER

Clinton, S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

21 (Years)

(18) BIRTHPLACE

Laurens Co., S.C.

(19) OCCUPATION

Housewife

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

2

(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, born alive, at 7:10 A.M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Anna Williams

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Clinton, 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 16, 22

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. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.