(1) PLACE OF BIRTH

County of Darlington

Township of Lamar

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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: 29865

Registration District No. 1304 Registered No. 95 (For use of Local Registrar)

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

(3) BOY OR GIRL: [illegible]

(4) Twin or Triplet? 1

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 11 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry D White

(9) PRESENT POSTOFFICE OF FATHER Pamplico S C

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Thelma C Hendricks

(15) PRESENT POSTOFFICE OF MOTHER Pamplico S C

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Lamar S C

(19) OCCUPATION Domestic

(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 (Born alive or stillborn) at 6 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) G. P. Boykin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lamar S C

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Oct 12 1922 (28) R J Chapman 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.

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