

FORM NO. 1.

(1) PLACE OF BIRTH

County of Florence
Township of Million

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52198

Inc. Town of

Registration District No. 2011Registered No. 19

(For use of Local Registrar)

City of

(No.)

St.;

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Carner White

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME

Augen White

(9) PRESENT POSTOFFICE OF FATHER

Effingham

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Calern

(13) OCCUPATION

Harmon

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Kattie Sinsley

(15) PRESENT POSTOFFICE OF MOTHER

Effingham

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Friendfield

(19) OCCUPATION

Farming

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Therrie CollierMcAllister

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

4/51916

(28)

Local Registrar

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.

BE AWARE THAT THIS FORM IS NOT TO BE USED IN A REGISTRATION DISTRICT IN WHICH THE BIRTH OF A CHILD IS REPORTED BY A PHYSICIAN OR MIDWIFE. IN SUCH CASES, THE FORM SHOULD BE FILLED BY THE FATHER, HOUSEHOLDER, ETC. IN THE CASE OF TWINS OR TRIPLETS, SEE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BOUN, No. 1, THIS OFFICE, No. 2, ETC., IN QUESTION 1.

McAllister of Columbia