

Form No. 1

(1) PLACE OF BIRTH

County of Berkley
 Township of 1st
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
41067

Registration District No. 20 Registered No. 92
 (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 John 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 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 14 1922
 To be answered only in event of Twin or Triplets

FATHER. (8) FULL NAME John White (9) PRESENT POSTOFFICE OF FATHER Corderville (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years) (12) BIRTHPLACE Berkley Co (13) OCCUPATION Farming (20) Number of children born to mother, including present birth 4

MOTHER. (14) NAME BEFORE MARRIAGE Hattie White (15) PRESENT POSTOFFICE OF MOTHER Corderville (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years) (18) BIRTHPLACE Berkley Co (19) OCCUPATION House wife (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Dec 14 at 11 P. M. on the date above stated. (Born alive yes) (Hour A. M. or P. M.)

(23) (Signature) Thibb Crawford (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed 12/17 1922 (28) J. Cannon Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MAKING REPRODUCIBLE FOR BINDING. WHITE 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. THIS OFFICE, NO. 2, ETC., IN QUESTION 6. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.