

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.

State of Columbia

(1) PLACE OF BIRTH  
 County of Colleton  
 Township of Blake

OR  
 Loc. Town of .....

City of .....

(2) Full Name of Child Joe White

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

48688

Registration District No. .... Registered No. 10  
 (For use of Local Registrar)

(For use of Local Registrar)

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

(3) BOY OR GIRL? R

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Y

(7) DATE OF BIRTH Jan. 21, 6

(Date of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Esau White

(9) PRESENT POSTOFFICE OF FATHER White Hall 2c

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Colleton Co

(13) OCCUPATION farm laborer

(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Dena Kiel

(15) PRESENT POSTOFFICE OF MOTHER White Hall 2c

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Colleton Co

(19) OCCUPATION Housewife

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

(23) (Signature) Diana Ferguson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife White Hall 2c

Given name (add) above a supplemental report

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

(27) Dated 2/5-6 (28) R. T. Higgins (29) White Hall 2c

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.