

Form No 1.

## (1) PLACE OF BIRTH

County of YorkTownship of Broad River

or

Inc. Town of

or

City of

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

(2) Full Name of Child Charles Wesley Whitesides { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 7 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Jefferson Davis Whitesides(9) PRESENT POSTOFFICE OF FATHER Hickory Grove No 2 S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE York County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Jane Holland(15) PRESENT POSTOFFICE OF MOTHER Hickory Grove No 2, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION House work(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 born alive, at 220 R on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles S. Whitesides(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharon, S.C.

Given name added from a supplemental report

Nov 3, 1916  
C. W. Miller  
Deputy Registrar

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

(27) W. M. L. O. R. T. S. D. (28) 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.

WRITE PLAINLY, WITH UNFADEING 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.  
 McCaw, of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54153

Registration District No. 4407 Registered No. 18

(For use of Local Registrar)