

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

570

Registration District No. 90.5

Registered No. 7

(For use of Local Registrar)

(No. Bencil St.; ..... Ward)

## (2) Full Name of Child

Phinney Waite

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

(3) SEX— MALE	(4) Type or Token To be secured only in event of Token or Token	(5) Number in order of birth	(6) Age From Mother 30	(7) DATE OF BIRTH Jan. 8, 1923 (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Paul Waite	(9) PRESENT POSTOFFICE OF FATHER Johns Island	(10) COLOR OR RACE Negro	(11) AGE AT LAST BIRTHDAY 28 (Years)	(12) BIRTHPLACE Johns Island	(13) OCCUPATION
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## MOTHER

(14) NAME BEFORE MARRIAGE Irene Bencil	(15) PRESENT POSTOFFICE OF MOTHER Johns Island	(16) COLOR OR RACE Negro	(17) AGE AT LAST BIRTHDAY 15 (Years)	(18) BIRTHPLACE Johns Island	(19) OCCUPATION Farm Laborer
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(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 11/11/23 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Brown	(24) State whether Physician or Midwife midwife	(25) Address of Physician or Midwife Johns Island
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Given name added from a supplemental report

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

(27) Filed Jan. 10, 1923 (28) Mrs. J. H. Hiller 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.

WRITES PLAINLY, WITH UNFADING INK—USE IN A PERMANENT MANNER  
 IN INK—IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS  
 FIRST-BORN, No. 1, TWIN, No. 2, etc., in question 1  
 Bureau of Statistics, Columbia, S. C.