

(1) PLACE OF BIRTH

County of Horry
 Township of Spartanburg
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41073

Registration District No. 4510 Registered No. 32
 (For use of Local Registrar)

(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 Harmon Whinnery 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 1 (6) Age of Parent No (7) DATE OF BIRTH Dec 24 1923
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Harmon Whinnery (9) PRESENT POSTOFFICE OF FATHER Burgess (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year) (12) BIRTHPLACE ... (13) OCCUPATION ... (14) NAME BEFORE MARRIAGE Charlotte Webster (15) PRESENT POSTOFFICE OF MOTHER Burgess (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year) (18) BIRTHPLACE ... (19) OCCUPATION ... (20) Number of children born to mother, including present birth 1 (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 Alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. C. Webb (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Burgess

(Given name added from a supplemental report)

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

(27) Filed Dec 25 1924 (28) A. J. Watts 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.

WHEN PLACING IN THIS SPACE TWO SEPARATE SLIPS FOR EACH CHILD
 IS CASE OF TWIN OR TRIPLETS USE TRIPLETS AND A SEPARATE SLIP FOR EACH CHILD
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.