

(1) PLACE OF BIRTH

County of *York*Township of *York*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—for State Registrar Only
30221Registration District No. *4001*Registered No. *23*
(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

(3) SEX OF CHILD <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 24/33</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Dexter O. White</i>			(9) NAME BEFORE MARRIAGE <i>Dora Gordon</i>	
(10) PRESENT POSTOFFICE OF FATHER <i>Pauline 3</i>			(11) PRESENT POSTOFFICE OF MOTHER <i>Pauline 3</i>	
(12) COLOR OR RACE <i>White</i>			(13) AGE AT LAST BIRTHDAY <i>34</i> (Year)	
(14) BIRTHPLACE <i>Chesapeake</i>			(15) AGE AT LAST BIRTHDAY <i>31</i> (Year)	
(16) OCCUPATION <i>Housewife</i>			(17) BIRTHPLACE <i>D.C.</i>	
(18) OCCUPATION <i>Housewife</i>			(19) BIRTHPLACE <i>D.C.</i>	
(20) Number of children born to mother, including present birth <i>6</i>			(21) Number of children of this mother now living, including present birth <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *Pauline 3* M., on the date above stated. (House or other place)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Oct 8 1933* (28) *Mrs. J. C. White* 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.

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