

Form No. 1

(1) PLACE OF BIRTH

County of HerbertTownship of Proctor

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43107

Registration District No. 9704 Registered No.
(For use of Local Registrar)(2) Full Name of Child Mary White (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH December 19, 1923
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Will White</u>		(14) NAME BEFORE MARRIAGE	<u>Nancy Madison</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Blaney SC</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Blaney SC</u>	
(10) COLOR OR RACE	<u>Negro</u>	(11) AGE AT LAST BIRTHDAY	<u>37</u>	(17) AGE AT LAST BIRTHDAY	<u>35</u>
(12) BIRTHPLACE	<u>SC</u>		(18) BIRTHPLACE	<u>SC</u>	
(13) OCCUPATION	<u>Farm Hand</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>10</u>		(21) Number of children of this mother now living, including present birth	<u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at SP M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Bost (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blaney SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 19, 1923 (28) Nancy Bost 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 CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.