

FORM NO. 1.

(1) PLACE OF BIRTH

County of NamoraTownship of Namoraor
Inc. Town of

City of

(2) Full Name of Child Jack South White

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

49831

Registration District No. 2703 Registered No. 9

(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Yes</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 18, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John S. White(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Marion S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Francis White(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Marion S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 4 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

191...

Registrar

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

(27) Filed 3/8 1916 (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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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