

FORM NO. 1 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING 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.

(1) PLACE OF BIRTH
 County of Lincoln
 Township of Levellles
 OF
 Inc. Town of Registration District No. 302 Registered No. 11
 OF
 City of (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 David White } If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
46730

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 28</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Henry White</u>	(14) NAME BEFORE MARRIAGE <u>Yermel</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Certinay St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Certinay St</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Marion Ga</u>
(12) BIRTHPLACE <u>Marion</u>	(19) OCCUPATION <u>Ham Laborer</u>			
(13) OCCUPATION <u>Lam Laborer</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			
(20) Number of children born to mother, including present birth <u>4</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 7 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lidia Jones

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Certinay St

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

(27) Filed July 1 1916. (28) T. W. Alford Local Registrar.

Given name added from a supplemental report
 191.....

 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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