

(1) PLACE OF BIRTH

County of CalhounTownship of Pine GroveInc. Town of Lone Star

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar

41181

Registered No. 182
(For use of Local Registrar)Registration District No. 803

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Essie Whaley

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Whaley

(9) PRESENT POSTOFFICE OF FATHER

Lone Star S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Bitsie Noel

(15) PRESENT POSTOFFICE OF MOTHER

Lone Star S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lone Star S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 9, 1922

(28)

J. O. Stander
Local Registrar19
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.