CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
80555

(1) PLACE OF BIRTH
County of Charleston S.C.
Township of Charleston S.C.
or
Inc. Town of Charleston S.C.
or
City of Charleston S.C. (No. 12 Reid St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9A Registered No. 1155
(For use of Local Registrar)

(2) Full Name of Child John White
(If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL? Boy
(4) Twin or Triplet?
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? No
(7) DATE OF BIRTH Oct 21st 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Solomon White
(9) PRESENT POSTOFFICE OF FATHER Drayton Sta.
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Hampton county
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Roach
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
(16) COLOR OR RACE colored
(17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Drayton Sta.
(19) OCCUPATION Laundress
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Abbie A. Dolse
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife 45 Thompson St.

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 10/26 1916 (28) J. Mereس Green M.D.
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.

McCaw of Columbia FIRST EDITION, No. 1, THE OTHER, No. 2, etc. in question 5, and mark the number of twins or triplets in question 4. A SEPARATE BLANK for each child, and mark the number in question 5 to show the order of birth of each child of the mother.