

WHEN FILING, WITH UNPAID IN—THIS IS A PREPARATORY RECORD. If in case of twins or triplets use a separate filing for each child, and mark the number of children in the birth report, No. 1, 2, etc. in question 4.

(1) PLACE OF BIRTH

County of: Cherokee

Township of: Cherokee

or
Inc. Town of: _____

City of: Cherokee

Registration District No. 10000 Registered No. 7
(For use of Local Registrar)

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: Benjamin Everett White If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL: <u>Boy</u>	(4) Twin or Triplet? _____	(5) Number in order of birth: _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH: <u>Jan. 8, 1922</u> (Month) (Day) (Year)
FATHER:			MOTHER:	
(8) FULL NAME: <u>Ernest Emmett White</u>			(9) NAME BEFORE MARRIAGE: <u>Laura Lucinda Camp</u>	
(10) PRESENT POSTOFFICE OF FATHER: <u>Cherokee, S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER: <u>Cherokee, S.C.</u>	
(12) COLOR OR RACE: <u>White</u>	(13) AGE AT LAST BIRTHDAY: <u>34</u>	(14) COLOR OR RACE: <u>White</u>	(15) AGE AT LAST BIRTHDAY: <u>23</u>	(16) BIRTHPLACE: <u>Cleveland Co S.C.</u>
(17) BIRTHPLACE: <u>Cherokee, S.C.</u>			(18) OCCUPATION: <u>Housewife</u>	
(19) OCCUPATION: <u>Blacksmithing</u>			(20) Number of children of this mother now living, including present birth: <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 2:27 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(22) (Signature) B. N. Miller (23) Address of Physician or Midwife: Physician Hickory Grove

(24) State whether Physician or Midwife: _____

(25) Witnesses: _____ (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed: Feb. 6, 1922 (27) J. H. Robinson 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.

RECORD OF COLUMBIA, COLUMBIA, S. C.