

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville  
Township of #5

or  
Inc. Town of  
or

City of

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

(2) Full Name of Child

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 28  
(Name of Month) (Day) (Year)

(8) FULL NAME

Willie White

(9) PRESENT POSTOFFICE OF FATHER

Caulhounville S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Greenville Co #5

(13) OCCUPATION

Lumbering

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

4

(14) NAME BEFORE MARRIAGE

Livinia Davis

(15) PRESENT POSTOFFICE OF MOTHER

Caulhounville S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

Greenville Co #5

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 Ashcroft Ave. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. L. Williams

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Caulhounville S.C.

Given name added from a supplemental report

(26) Witness

M. L. Williams

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

(27) Filed

Jan 10 1915

(28)

H. L. Davis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCay of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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

File No.—For State Registrar Only  
**42903**

Registration District No. 28.04 Registered No. 69  
(For use of Local Registrar)  
St.; ..... Ward

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

FATHER.

MOTHER.