

(1) PLACE OF BIRTH

County of Sumter S.C.

Township of

or
Inc. Town ofCity of Sumter S.C.

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

(2) Full Name of Child Charles E. White(3) BOY OR GIRL boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH April 4, 1923
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME Charles E. White(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Warrington, Va.(13) OCCUPATION School Teacher.(14) Number of children born to mother, including present birth one(14) NAME BEFORE MARRIAGE Bessie L. Hayward(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION House Keeping.(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Sumter S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mid wife Agnes Joe.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date

April 15, 1923 (28) P. D. Browning Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.