

MARGIN RESERVED FOR ENDING.
WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in question 1.

(1) PLACE OF BIRTH

County of *Cherokee*
Township of *St. Helena*
or
Inc. Town of.....
or
City of.....

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

No. for State Registrar Only
44407

Registration District No. *608* Registered No. *126*
(For use of Local Registrar)

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

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

(3) SEX OF CHILD *Boy* (4) Type or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Sep 11 1903*
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Arthur White*
(9) PRESENT POSTOFFICE OF FATHER *Wrexius Sc*
(10) COLOR OR RACE *negr* (11) AGE AT LAST BIRTHDAY *48*
(12) BIRTHPLACE *Savannah Ga*
(13) OCCUPATION *Farmer*
(14) Number of children born to mother, including present birth *6*

MOTHER
(14) NAME BEFORE MARRIAGE *Lottie Ramey*
(15) PRESENT POSTOFFICE OF MOTHER *Wrexius*
(16) COLOR OR RACE *negr* (17) AGE AT LAST BIRTHDAY *38*
(18) BIRTHPLACE *Beaufort Sc*
(19) OCCUPATION *Farmer*
(20) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8:40* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mary Midleton*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Wrexius Sc*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *12/15 1904* (28) *J. B. Thomas* Local Registrar

*When there was no attending physician or midwife, then the father, householders, 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.