

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY. WITH UPWARD 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..... (No. St.; Ward)

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

No. for State Registrar Only
44407

Registration District No. *609* Registered No. *120*
 (For use of Local Registrar)

(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 of Triplet To be reported only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Sept 11 1903* (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME *Arthur White*
 (9) PRESENT OCCUPATION OF FATHER *Wrecker*
 (10) COLOR OR RACE *negr* (11) AGE AT LAST BIRTHDAY *44* (Year)
 (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 OCCUPATION OF MOTHER *Wrecker*
 (16) COLOR OR RACE *negr* (17) AGE AT LAST BIRTHDAY *38* (Year)
 (18) BIRTHPLACE *Beaufort Sc*
 (19) OCCUPATION *Farmer*
 (21) 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 *8:30* A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mary Middleton*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Wrecker St*

Given name added from a supplemental report

 Registrar

(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.