

Form No. 8

(1) PLACE OF BIRTH

County of BoltonTownship of Bladen

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

No. 783

Registration District No. 1402Registered No.
(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 Isabel White

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

(3) SEX OF CHILD Boy (4) TIME OF BIRTH 2:30 (5) DATE OF BIRTH Jan 2, 1923(6) NAME OF FATHER Joe White (7) NAME OF MOTHER Lucinda Mayen(8) ADDRESS OF FATHER Green Pond St. (9) ADDRESS OF MOTHER Green Pond St.(10) COLOR OF FATHER Negro (11) AGE AT LAST BIRTHDAY 24 (12) COLOR OF MOTHER Negro (13) AGE AT LAST BIRTHDAY 18(14) BIRTHPLACE OF FATHER Col. Co. St. (15) BIRTHPLACE OF MOTHER Col. Co. St.(16) OCCUPATION OF FATHER Farmer (17) OCCUPATION OF MOTHER Housewife(18) Number of children born to mother, including present one 1 (19) Number of children of this mother now living, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (21) (Signature) Cornelia Huggins (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Green Pond St.

(Given name added from a supplemental report)

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

(25) Filed Jan 15, 1923 (26) B. G. Huggins

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