

(1) PLACE OF BIRTH

County of ColletonTownship of London

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 Simon WhiteFile No. — For State Registrar Only
29771

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1407

Registered No.

(For use of Local Registrar)

(3) BOY OR
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth(6) Are yes
Parents
Married?(7) DATE OF
BIRTH Sept. 9, 1922

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME Jim White(14) NAME BEFORE
MARRIAGE Bill Gilyard(9) PRESENT
POSTOFFICE
OF FATHER Green Pond S.C.(15) PRESENT
POSTOFFICE
OF MOTHER Green Pond S.C.(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 24
(Years)(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 22
(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

Whitwood Col - S.C.Col - S.C.

(13) OCCUPATION

(19) OCCUPATION

FarmerHousewife(20) Number of children born to
mother, including present birth5(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Philis B. Bright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeGreen Pond S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 11, 1922

(28)

B. G. Higgins
Local Registrar

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.

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