

(1) PLACE OF BIRTH

County of Florence
 Township of Florence
 or
 Inc. Town of Florence
 or
 City of Florence

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4096

Registration District No. 20-1Registered No. 57
(For use of Local Registrar)(No. 5647 Travis St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Yomgenia White If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 9, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isham White(9) PRESENT POSTOFFICE OF FATHER Florence(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Immerville, S.C.(13) OCCUPATION Cook

MOTHER.

(14) NAME BEFORE MARRIAGE Placola Thomas(15) PRESENT POSTOFFICE OF MOTHER Florence(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 18 (Year)(18) BIRTHPLACE Immerville, S.C.(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 on the date above stated. (Born alive or stillborn) (If P.M., M. or P.M.)

(23) (Signature) Rachel Hicks(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife No Number

Given name added from a supplemental report

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

(27) Filed Feb 18 1922 (28) C. C. Ward 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 stillbirth before the fifth month of pregnancy.