

(1) PLACE OF BIRTH

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

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

File No.—For State Register Only

89864

Registration District No. 2011 Registered No. 15
 (For use of Local Registrar)

(No. 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 Ray White If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 17, 1916
 To be answered only in case of Twin or Triplet. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Spencer White
 (9) PRESENT POSTOFFICE OF FATHER Effingham S. C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24
 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Singleton
 (15) PRESENT POSTOFFICE OF MOTHER Effingham S. C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (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 alive (Born alive or stillborn) (Hour 4 a.m. on Dec 17, 1916 on the date above stated.)

(23) (Signature) Dora Singleton
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Effingham S. C.

Given name added from a supplemental report.

(26) Witness W. H. Clausen
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 23, 1916 (28) W. H. Clausen Local 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.