

16 092904

Registration Dist. No. 200

STANDARD CERTIFICATE OF LIVE BIRTH

Division of Vital Statistics — State Board of Health

Federal Security Agency
Public Health Service

Registrar's No. _____

State of South Carolina

Birth No. 139 —

00-103870

1. PLACE OF BIRTH		2. Usual Residence of Mother (Where does mother live?)	
a. County <u>Aiken</u>		a. State <u>S.C.</u>	b. County <u>Aiken</u>
b. City (If outside corporate limits, write RURAL) or town <u>Mountain View</u>		c. City (If outside corporate limits, write RURAL) or town <u>Mountain View</u>	
c. Full name of hospital or institution (If not in hospital or institution, give street address or location)		d. Street address (If rural, give location)	
3. Child's name			
a. (First) <u>Source</u>	b. (Middle) <u>Everett</u>	c. (Last) <u>Cushman</u>	
4. Sex <u>Male</u>	5a. This birth <u>Single</u> Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If twin or triplet (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. Date (Month) (Day) (Year) of birth <u>Nov 20 1916</u>

FATHER OF CHILD

7. Full name		8. Color or race	
a. (First) <u>Warley</u>	b. (Middle) <u>Everett</u>	c. (Last) <u>Cushman</u>	<u>White</u>
9. Age (At time of this birth) <u>34</u> Years	10. Birthplace (State or foreign country) <u>Aiken Co. S.C.</u>	11a. Usual occupation <u>Farm work</u>	11b. Kind of business or industry <u>Farm work</u>

MOTHER OF CHILD

12. Full maiden name		13. Color or race	
a. (First) <u>Ellie</u>	b. (Middle) <u>Ellie</u>	c. (Last) <u>Ellie</u>	<u>White</u>
14. Age (At time of this birth) <u>34</u> Years	15. Birthplace (State or foreign country) <u>Georgia</u>	16. Children previously born to this mother (Do NOT include this child)	
		(a) How many OTHER children are now living? <u>4</u>	(b) How many OTHER children were born alive but are now dead? <u>0</u>
		(c) How many children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	

17. I have reviewed the information on this, my child's birth certificate, and find it to be correct.	18. I hereby certify that this child was born alive on the date stated above at		18b. Attendant at birth
	18a. Signature of attendant <u>M. A. Whitlock M.D.</u>		M.D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) <u>MD</u>
(Signature of Mother)	18c. Address		18d. Date signed

19. Date rec'd by Local Reg. <u>2-26-51</u>	20. Registrar's signature <u>Thos. P. Lesesne</u>	21. Date on which given name added By _____ (Registrar)
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FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. Length of pregnancy Weeks	22b. Weight at birth lb. oz.	23. Is mother married to father of child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	24. Mother's blood tested for syphilis? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ Laboratory
25a. State any complications of pregnancy and labor <u>none</u>	25b. State any operation for delivery <u>none</u>	25c. Describe any birth injury <u>none</u>	
25d. Describe any congenital malformations <u>none</u>		25e. What prophylactic used in eyes? <u>2% nitro</u>	
		25f. Time used M.	