

(1) PLACE OF BIRTH

County of Barnwell
 or
 Township of Red Oak
 or
 Inc. Town of Middleton
 or
 City of Middleton

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

File No.—For State Registrar Only
311

Registration District No. 207

Registered No. 3
 (For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child Jesse White
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 8, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Fort White
 (9) PRESENT POSTOFFICE OF FATHER Barnwell
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32
 (Years) (12) BIRTHPLACE Barnwell
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Miss Spaulden
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
 (Years) (18) BIRTHPLACE Barnwell
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at N. M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated. Middleton
 (23) (Signature) W. B. Parker
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Middleton

Given name added from a supplemental report _____

(26) Witness W. B. Parker
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 30, 1922 (28) W. B. Parker 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.

W. B. M.—In case of TWIN OR TRIPLETS, give a SEPARATE FILE NUMBER FOR EACH CHILD.
 FIRST-BIRTH, No. 1; TWIN OFFSHOOT, No. 2, etc., in question 9.
 MEANS OF COMMUNICATION, Columbia, S. C.