

Form No. 1

(1) PLACE OF BIRTH

County of BarnwellTownship of Barnwell

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 Registrar Only

28923

Registration District No. 501Registered No. 35
(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 Leathrine White

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH May 15 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME General Lee White(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Barnwell Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER

(14) NAME BEFORE MARRIAGE Rosa Braxton(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Barnwell Co S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Flora Cornell(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 30 22(28) N. F. Kukulian 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.