

(1) PLACE OF BIRTH
 County of Georgetown **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 File No. For State Registrar Only
64398
 Township of Georgetown
 Inc. Town of Georgetown Registration District No. 21-A Registered No. 33
 City of Georgetown No. 1122 Front St. Front Ward 1
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Catherine 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** 1122 **(6) Are Parents Married?** yes **(7) DATE OF BIRTH** June 20 1916
 (Indicate month and day of month or year)
FATHER
(8) FULL NAME Moses White **(9) PRESENT POSTOFFICE OF FATHER** Georgetown S.C.
(10) COLOR OR RACE Col. **(11) AGE AT LAST BIRTHDAY** 40
(12) BIRTHPLACE Georgetown S.C. **(13) OCCUPATION** Carpenter
(14) NAME BEFORE MARRIAGE Marion M. Gray **(15) PRESENT POSTOFFICE OF MOTHER** Georgetown S.C.
(16) COLOR OR RACE Col. **(17) AGE AT LAST BIRTHDAY** 38
(18) BIRTHPLACE Bucksport S.C. **(19) OCCUPATION** Housewife
(20) Number of children born to mother, including present birth 11 **(21) Number of children of this mother surviving, 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 on the date above stated.
(23) (Signature) Agnas Stucke Midwife
(24) State whether Physician or Midwife Midwife **(25) Address of Physician or Midwife** 10

Given name added from a supplemental report
(26) Witness July 1 1916 **(27) (Signature of Witness necessary only when question 23 is signed by midwife)** W. S. Myler
(28) Physician or Midwife W. S. Myler

When there was no attending physician or midwife, then the father, householder, etc. should make this return, and a child practitioner even once at least and be reported at stillbirth. No report is desired of stillbirths before the fourth 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.

McCaw, of Columbia.