

(1) PLACE OF BIRTH

County of Beaufort
 Township of Bluffton

Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. 58774 For State Registrar Only

Registration District No. 601 Registered No. 20
 (For use of Local Registrar)

(2) Full Name of Child Fredrick Lee White 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? Married (7) DATE OF BIRTH April 28 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Amblin White
 (9) PRESENT POSTOFFICE OF FATHER Ocheta P.O. S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Beaufort County, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Schapone
 (15) PRESENT POSTOFFICE OF MOTHER Ocheta P.O. S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Beaufort County, S.C.

(19) OCCUPATION Housewife

(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 born alive, at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

WV 10 1916
Crowley
Supy Registrar

(26) Witness

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

(27) Filed May 31 1916

(28)

W. J. Tripp

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.

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.

McGraw, of Columbia.