

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.
 S. C. W. of Columbia

(1) PLACE OF BIRTH
 County of Marlboro,.....
 Township of Smithville,...
 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
49903

Registration District No. 3326.... Registered No. 13.....
 (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... Sam White,..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>29</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 15, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME W. B. White,

(9) PRESENT POSTOFFICE OF FATHER Esberne, N. C.

(10) COLOR OR RACE White, (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer,

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eula Hair,

(15) PRESENT POSTOFFICE OF MOTHER Esberne, N. C.

(16) COLOR OR RACE White, (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housework,

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive... at 2. P. M.... M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Elizabeth Erach,.....
 (24) State whether Physician or Midwife Midwife, (25) Address of Physician or Midwife Kelleek, S. C.

Given name added from a supplemental report
, 191.....
, 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. Rust
 (27) Filed Feb. 15, 1916, (28) 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.