

1. PLACE OF BIRTH
County of Berkley

Township of _____
or
Inc. Town of Cainhey, S.C.
City of _____

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 702 Registered No. _____

(No. Cainhey, S.C. 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 Francis White (If child is not yet named, make supplemental report as directed)

3. Sex of Child Boy 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legitimacy Yes 8. Date of Birth March 10, 1924
11. Plural births _____ 12. Number, in order of birth _____ Full term _____ Date _____ (Month, day, year)

9. Full name FATHER
Henry White

10. Full maiden name MOTHER
Elisa Percher

11. Residence (usual place of abode) Cainhey, S.C.
(If nonresident, give place and State)

12. Residence (usual place of abode) Cainhey, S.C.
(If nonresident, give place and State)

13. Color or race Colored 14. Age at last birthday 30 (Years)

15. Color or race Colored 16. Age at last birthday 35 (Years)

17. Birthplace (city or place) Cainhey, S.C.
(State or country)

18. Birthplace (city or place) Cainhey, S.C.
(State or country)

19. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Lumber Mill

20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer

22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. in Service

23. Date (month and year) last engaged in this work _____ 19____
24. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 A.M. on the date above stated
(Born alive or stillborn)

(Signed) _____ M. D.

or Manna Percher _____ Midwife

Address Cainhey, S.C. (dead)

Filed Oct 21, 1930 E. G. Pragnall

(Date of)

Registry

(See Instructions on Back of Certificate)

State records are not made, S. C.