

## (1) PLACE OF BIRTH

County of Abbeville

Township of .....

Inc. Town of .....

City of Abbeville

(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

Registration District No. 1-A Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child James White

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

BOY OR  
GIRLBoy(4) Twin  
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Age  
at birthGeo(7) DATE OF  
BIRTHApril 29, 1923

(Type of Month) (Day) (Year)

## FATHER.

FULL  
NAMEPress WhitePRESENT  
POSTOFFICE  
OF FATHERAbbeville, S.C.COLOR  
OR  
RACEBlk(11) AGE AT LAST  
BIRTHDAY45

(Years)

BIRTHPLACE

Abbeville, S.C.

OCCUPATION

Day LaborerNumber of children born to  
mother, including present birth7

## MOTHER.

(14) NAME BEFORE  
MARRIAGEEstella Talbert(15) PRESENT  
POSTOFFICE  
OF MOTHERAbbeville, S.C.(16) COLOR  
OR  
RACEBlk(17) AGE AT LAST  
BIRTHDAY29

(Years)

(18) BIRTHPLACE

Abbeville, S.C.

(19) OCCUPATION

Laundress(21) Number of children of this mother  
now living, including present birth7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... born alive ... at 10 A.M....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Josephine X. Ruston

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Abbeville, S.C.Given name added from a supplement-  
al report

(26) Witness

Miss Julia M. Waller(Signatures of Witnesses necessary only  
when question 23 is signed by mark)

(27) Filed

May 3, 1923(28) Miss Julia M. Waller

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.