

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Charleston*

STATE OF SOUTH CAROLINA.

Township of *Christ Church*

Bureau of Vital Statistics

Inc. Town of *Parish*

State Board of Health

Registration District No. *901*

File No.—For State Registrar Only

45630

Registered No. *3*
(For use of Local Registrar)

City of (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 *Flissie Elmer White*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH *June 14 1906*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Britton White*

(14) NAME BEFORE MARRIAGE *Maggie Murre*

(9) PRESENT POSTOFFICE OF FATHER *Mt Pleasant St.*

(15) PRESENT POSTOFFICE OF MOTHER *Mt Pleasant St.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *45*
(Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *40*
(Years)

(12) BIRTHPLACE *Berkley County*

(18) BIRTHPLACE *Christ Church Parish*

(13) OCCUPATION *Wheel right*

(19) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *8*

(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *J. T. Murre*

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

Midwife

Given name added from a supplemental report

(26) Witness *Arthur White*
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *191* (28) *J. T. Murre* 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.

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 2.

McCaw, of Columbia.