

(1) PLACE OF BIRTH

County of Marion

Township of

or
Inc. Town of

City of Bennettsville

(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

Louise Louise Whidden

File No.—For State Registrar Only

31262

Registration District No. 79 A

Registered No.
(For use of Local Registrar)

3) BOY OR GIRL Girl

4) Twin or Triplet? 1

5) Number in order of birth 1

6) Are Parents Married? Yes

7) DATE OF BIRTH

9/19/27
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

H. C. Whidden

9) PRESENT POSTOFFICE OF FATHER

Bennettsville S.C.

10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 39

(Years)

12) BIRTHPLACE

Marion S.C.

13) OCCUPATION

Mechanic

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

MOTHER.

14) NAME BEFORE MARRIAGE

Marion Louise Whidden

15) PRESENT POSTOFFICE OF MOTHER

Bennettsville S.C.

16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 37

(Years)

18) BIRTHPLACE

Marion S.C.

19) OCCUPATION

Housewife

21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn. (Hour M. or P.M.))

(23) (Signature) A. P. Whidden M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Bennettsville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct. 10 27

(28)

Mr. J. J. Vane

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.

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