

FORM NO. 1.

(1) PLACE OF BIRTH

County of BerkleyTownship of 2nd James

OF

Inc. Town of

OF

City of

(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

File No.—For State Registrar Only

48195

Registration District No. 701 Registered No. 701

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(Take answered only in event of Twins or Triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 3

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James White

(9) PRESENT POSTOFFICE OF FATHER

Summersville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

32

(12) BIRTHPLACE

Berkley

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah E. Riggers

(15) PRESENT POSTOFFICE OF MOTHER

Summersville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

27

(18) BIRTHPLACE

Berkley

(19) OCCUPATION

House work

(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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. Harmon

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

Summersville, S.C.

Given name added from a supplemental report

off. 12/24/1916

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 20 1916 (28) R. L. Harmon 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 5.
McGaw, of Columbia.