

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.

(1) PLACE OF BIRTH

County of Deer  
 Township of Reynolds  
 or  
 Inc. Town of Tennessee  
 City of Tennessee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

39548

Registration District No. B. 6. 61 Registered No. 9. 7  
 (For use of Local Registrar)

(2) Full Name of Child Charles Theodore White

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 29, 1922  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME William Thos. White  
 (9) PRESENT POSTOFFICE OF FATHER Tennessee S. C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31  
 (Year)  
 (12) BIRTHPLACE N. C. Jackson Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

MOTHER  
 (14) NAME BEFORE MARRIAGE Brilliant Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Tennessee S. C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (18) BIRTHPLACE N. C. Mason Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11, 9. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Harriet E. Luck (24) State whether Physician or Midwife midwife (25) Address of Physic or Midwife Tennessee S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is answered)

(27) Filed Dec. 9, 1922 (28) Samuel Smith Local Registrar

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