

Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43203

(1) PLACE OF BIRTH

County of Hampton

Township of Laurel

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2401

Registered No. 66

(For use of Local Registrar)

SL; (Ward)

(2) Full Name of Child

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

(3) ~~BOY OR~~
GIRL?

(4) Twin
or Triplet? X

(5) Number in
order of birth 6
To be answered only in case of twins or triplets

(6) Age
Parents
Married 70

(7) DATE OF
BIRTH Dec 14
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Wadley White

(9) PRESENT
POSTOFFICE
OF FATHER

Furman SC

(10) COLOR
OR
RACE

Negro

(11) AGE AT LAST
BIRTHDAY 36
(Years)

(12) BIRTHPLACE

Hampton Co

(13) OCCUPATION

Furman

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

6

MOTHER.

(14) NAME BEFORE
MARRIAGE

Ella Mitchell

(15) PRESENT
POSTOFFICE
OF MOTHER

Furman SC

(16) COLOR
OR
RACE

Negro

(17) AGE AT LAST
BIRTHDAY 30
(Years)

(18) BIRTHPLACE

Hampton Co

(19) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachael K. Busby

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

Wadley

Given name added from a supplement-
tal report

(26) Witness W. E. Lee
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed 12/20 1911 (28) W. E. Lee
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.

City of Columbia

A K S A F E T Y A F