

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of First Church State Board of Health

or

Inc. Town of ParishRegistration District No. 901Registered 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 William A. White

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? no

(7) DATE OF BIRTH

Jan 10 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

William A. White

(14) NAME BEFORE MARRIAGE

Addie White

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

Wt. Charleston

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21 (Years)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

10 miles

(18) BIRTHPLACE

10 miles

(13) OCCUPATION

Farming

(19) OCCUPATION

Farming

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5-4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)Incumbent(23) (Signature) Mary Emery

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Wt. Charleston

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 101916

(28)

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia