

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Friendship  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18228

Registration District No. 1304 Registered No. 22  
 (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 Mallie Whiteside If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>gr.</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes.</u>	(7) DATE OF BIRTH <u>June 9, 24</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wesley Whiteside</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Whiteside</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summers B.C.R.D.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summers B.C.</u>	
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Clarendon</u>			(18) BIRTHPLACE <u>Clarendon</u>	
(13) OCCUPATION <u>Farm Lab</u>			(19) OCCUPATION <u>Home &amp; Field</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Rosena Rogers(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Summers B.C.R.D.

Given name added from a supplemental report

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

(27) Filed June 16, 1922 (28) J. C. Richman  
 Registrar 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.