

File No.—For State Registrar Only
64693

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

(1) PLACE OF BIRTH
County of Rowan
Township of Walnut Grove
or
Inc. Town of Waverly
or
City of _____ Registration District No. 23/4 Registered No. 44
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 one (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 25, 1916
(Same of Month) (Day) (Year)

FATHER.
(8) FULL NAME Arthur James Whitmore
(9) PRESENT POSTOFFICE OF FATHER Waverly, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Ga
(13) OCCUPATION Cotton Mill operator
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Myra Lu Ballentine
(15) PRESENT POSTOFFICE OF MOTHER Waverly, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housekeeper
(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 9-30 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
The baby only lived about 24 hours (23) (Signature) M. J. Jones, M.D.
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report _____
_____, 191____

Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filled July 6, 1916 (28) J. C. Wray 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.

Registrar | _____ Local Registrar
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FORM NO. 1
 WRIT PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. H.—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.
 McCaw