

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 make the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

State of South Carolina, Columbia, S. C.

**(1) PLACE OF BIRTH**  
 County of Abbeville  
 Township of Abbeville  
 Inc. Town of Abbeville  
 City of Abbeville  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. P. R. Registered No. 28772  
 (For use of Local Registrar)  
 (No. 1 Church St. 3<sup>rd</sup> Ward)

**(2) Full Name of Child** John Daniel White  
 If child is not yet named, make supplemental report as directed

(3) <b>BOY OR GIRL</b> <u>Boy</u>	(4) <b>Tube or Triple</b> To be answered only in case of Tube or Triple	(5) <b>Number in order of birth</b> <u>1st</u>	(6) <b>Are Parents</b> <u>Yes</u>	(7) <b>DATE OF BIRTH</b> <u>Sept 28 1923</u> (Month) (Day) (Year)
<b>FATHER</b>		<b>MOTHER</b>		
(8) <b>FULL NAME</b> <u>John White</u>		(14) <b>NAME BEFORE MARRIAGE</b> <u>Eliza Daniel</u>		
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <u>No. 1 Church St. Abbeville S.C.</u>		(15) <b>PRESENT POSTOFFICE OF MOTHER</b> <u>No. 1 Church St. Abbeville S.C.</u>		
(10) <b>COLOR OR RACE</b> <u>White</u>	(11) <b>AGE AT LAST BIRTHDAY</b> <u>33</u> (Years)	(16) <b>COLOR OR RACE</b> <u>White</u>	(17) <b>AGE AT LAST BIRTHDAY</b> <u>32</u> (Years)	
(12) <b>BIRTHPLACE</b> <u>Abbeville, S.C.</u>		(18) <b>BIRTHPLACE</b> <u>Williamston N.C.</u>		
(13) <b>OCCUPATION</b> <u>R.R. Conductor</u>		(19) <b>OCCUPATION</b> <u>Housewife</u>		
(20) <b>Number of children born to mother, including present birth</b> <u>Three</u>		(21) <b>Number of children of this mother now living, including present birth</b> <u>Three</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:17 P.M. on the date above stated.  
 (born alive or stillborn) (Hour / M. or P. M.)

(23) (Signature) Dr. Robert W. McCallister  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Abbeville S.C.

Given name added from a supplemental report

(26) Witness Miss Julia McCallister  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 Local Registrar.

(27) Filed Oct 3 1923 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.

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