

MARGIN RESERVED FOR FINDING
WHITE PLAINLY WITH LEADING 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.

(1) PLACE OF BIRTH
County of Charleston
Township of _____
Inc. Town of _____
City of Charleston (No. 99 Nassau St.; 7 Ward)
(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

File No. For State Registrar Only
80613

Registration District No. 9A Registered No. 1217
(For use of Local Registrar)

(2) Full Name of Child Whaley 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? Yes (7) DATE OF BIRTH Oct. 31 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Walter A Whaley</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Corbice</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Baden, N.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Charleston, S.C.</u>	(18) BIRTHPLACE <u>Huger, Berkeley</u>	(13) OCCUPATION <u>Carpenter</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. John R. Britton
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 28 Blake St.

Given name added from a supplemental report _____ 191_____

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
(27) Filed 11/8/16 191_____
(28) J. Mercer Green M.D. 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.

Nov. M.D.
Registrar