

(1) PLACE OF BIRTH

County of *Leflore*Township of *Cuthbert*or
Inc. Town of *Rockland*or
City of *Rockland*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

8332

Registration District No. *3105* Registered No. *11*
(For use of Local Registrar)(No. *11* St.; *11* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child *Grace E. Whitaker* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan. 20* *1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *R. H. Whitaker*(9) PRESENT POSTOFFICE OF FATHER *Columbia S.C.*(10) COLOR OR RACE *Wh.* (11) AGE AT LAST BIRTHDAY *21* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Walter Ruff & Sons Co.*(14) Number of children born to mother, including present birth *Two*

MOTHER.

(14) NAME BEFORE MARRIAGE *Jennie H. Hiram*(15) PRESENT POSTOFFICE OF MOTHER *Columbia S.C.*(16) COLOR OR RACE *Wh.* (17) AGE AT LAST BIRTHDAY *30* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* (Hour *7:38* A. M. or P. M.)
on the date above stated. (Born alive or stillborn)(23) (Signature) *J. C. Lybrand* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Columbia*

Given name added from a supplemental report

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Registrar

(20) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) File *316* (28) *J. C. Lybrand* 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.

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