

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

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

Registration District No. Registered No. 203
(For use of Local Registrar)

(2) Full Name of Child Ervin Whitte } If child is not yet named, make supplemental report as directed

(3) BOY GIRL?	(4) First or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>June 20</u> 19 <u>14</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joseph T. Whitte</u>	(14) NAME BEFORE MARRIAGE <u>Gussie Scott</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children born to mother, including present birth <u>10</u>
(13) OCCUPATION <u>mil</u>	(21) Number of children of this mother now living, including present birth <u>4</u>	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:30 (M., P. or A. M.) on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. ...
(24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Anderson

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 191..... (28) J. B. ... 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

*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.

FORM NO. 1
 IN REGISTRATION OF BIRTHS
 WITH FINGER-PRINTING
 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.
 McCaw, of Columbia.