

(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.)

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

File No.—For State Registrar Only
62941

Registration District No. Registered No. 203
(For use of Local Registrar)
St.; Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Ernie Whitte

(3) ~~BOY~~ OR GIRL? (4) ~~Full~~ or ~~Partial~~? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 20 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph I. Whitte
(9) PRESENT POSTOFFICE OF FATHER Anderson
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION mil.
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Gussie Scott
(15) PRESENT POSTOFFICE OF MOTHER Anderson
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:30 P.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 (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1914 (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

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FORM NO. 1
NATURAL RESOURCES DIVISION
MADE FLA. 1914. WITH REVISIONS 1915. THIS IS A PRELIMINARY REPORT.
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.