

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town of

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

26330

Registration District No. 2209ARegistered No. 290
(For use of Local Registrar)(No. 9 Vance St. Woodside Ward 1)

(2) Full Name of Child

Louis Whitaker If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 26 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Dewey Whitaker

(9) PRESENT POSTOFFICE OF FATHER

9 Vance St(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Teacher

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Agnes Scott

(15) PRESENT POSTOFFICE OF MOTHER

Woodside Mill(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. J. Walker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug. 17 1912(28) A. J. M. Mark

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.