

Form No 1.

(1) PLACE OF BIRTH

County of Anderson

Township of

OR

Inc. Town of Anderson

OR

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emma Elsie White

If child is not yet named, make supplemental report as directed

(3) MALE GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 12</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jim White</u>	(14) NAME BEFORE MARRIAGE <u>Myrtle White</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>
(12) BIRTHPLACE <u>Anderson, S. C.</u>	(13) OCCUPATION <u>Mill operative</u>	(18) BIRTHPLACE <u>Anderson, S. C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>6</u>	(21) Number of children of this mother now living, including present birth	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Anderson, S. C. on the date above stated.(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

(28)

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.

MARGIN RESERVED FOR FILING.

WRITE PLAINLY, WITH LEADING IN. THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child. Do mark the

McCay, of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

Registration District No. 3A Registered No. 924

(For use of Local Registrar)

SL: Ward)