

## (1) PLACE OF BIRTH

County of MecklenburgTownship of Whitmanor  
Inc. Town of Whitmanor  
City of Whitman

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

39472

Registration District No. 3402Registered No. 132  
(For use of Local Registrar)(No. 86; Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Willie Sinclair (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 17 (6) Age at Birth Yes (7) DATE OF BIRTH Nov 11 1922  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Robert Sinclair</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude Roddy</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Whitman</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Whitman</u>
(10) COLOR OR RACE <u>W</u>	(16) AGE AT LAST BIRTHDAY <u>38</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(18) BIRTHPLACE <u>Cherry Co.</u>
(12) BIRTHPLACE <u>Union Co.</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>8</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9:15 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. E. Brackett  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitman

Given name added from a supplemental report

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

(27) Filed Nov 15 1922 (28) R. M. Duckett 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.