

NAME OF MOTHER

County of Anderson  
 Township of Camdenville  
 or  
 the Town of Camdenville  
 or  
 City of .....

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

No. 1a.—For this Register only  
**12810**

Registration District No. 303 Registered No. 48  
 (For use of Local Registrar)

(No. 1b. Summerville St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Mabel White If child is not yet named, make supplemental report as directed

3 SEX girl 4 Title or Title yes 5 Number in order of Birth 5 6 Are twins marked yes 7 DATE OF BIRTH May 1 1923  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 8 FULL NAME Rev. E. C. White  
 9 PRESENT POSTOFFICE OF FATHER Anderson  
 10 COLOR OR RACE W 11 AGE AT LAST BIRTHDAY 30  
 12 BIRTHPLACE And Co  
 13 OCCUPATION Pastor  
 14 Number of children born to mother, including present birth 5

**MOTHER.**  
 14 NAME BEFORE MARRIAGE Mamie Cathey  
 15 PRESENT POSTOFFICE OF MOTHER Anderson  
 16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 29  
 18 BIRTHPLACE Banks Co Ga  
 19 OCCUPATION Housewife  
 20 Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was ..... at 4:05 P. M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(22) (Signature) A. J. Matthews, M.D.  
 (23) State whether Physician or Midwife | (24) Address of Physician or Midwife Anderson S.C.

Give name added from a supplemental report  
 .....

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

(26) Filed May 22 1923 (27) J. I. ... 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.

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