

1. PLACE OF BIRTH
County of Charleston

Township of _____
or
Inc. Town of _____
or
City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health 9A

FILE No.—For State Registrar Only

25162

Registration District No. _____ Registered No. 1226

(No. 628 Meeting St. St.; _____ Ward)

2. FULL NAME OF CHILD BENJAMIN WHITE
(If birth occurs in a hospital or other institution, give name of same; instead of street and number)
{ If child is not yet named, make supplemental report as directed.

3. Sex: Boy Girl If Plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature Full term 7. Are parents married? Yes 8. Date of birth August 24, 1922 (Month, day, year)

9. Full name FATHER
Benjamin White

18. Full maiden name MOTHER
Ethel Trappier

10. Residence (usual place of abode) 628 Meeting St.
(If non-resident, give place and State)

19. Residence (usual place of abode) 628 Meeting St.
(If non-resident, give place and State)

11. Color or race Negro 12. Age at last birthday 22 (Years)

20. Color or race Negro 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Georgetown, S.C.
(State or country)

22. Birthplace (city or place) Georgetown, S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barrel Filler

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Standard Oil Co.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home.

16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

If stillborn, period of gestation _____ { months _____ weeks _____ 29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

(Signed) _____, M. D.
or Anna Nelson, Midwife

Address 408 Sumter St.

Filed 8/20 22 1922 J.M. Green, M.D.
Leon Brown, M.D. Registrar.

Registrar. (Date of) _____

Handwritten signature

BIRTH

STATE OF SOUTH CAROLINA)

COUNTY OF CHARLESTON)

PERSONALLY appeared before me, Emma G. Pignall, a notary public of South Carolina, Benjamin White, who being duly sworn says and swears that he is the father of Benjamin White who was born in the City of Charleston on Aug. 24, 1922: that Anna Nelson the midwife delivered this child registered the wrong maiden name of the mother and also the birthplace of the father and the mother: that she has given me correct information on the attached record and that this is true and correct.

came to before me this
 2nd day of October, A.D. 1934.

Ben White

Emma Pignall
 Notary Public, S.C.

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Given name a

When there is a child brea



PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
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City of

Relationship of

or Town of

or

Registration District No. 0

Registered No.

(For use of Local Registrar)

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

Full Name of Child. Penomena White

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

OR	(4) Twin or Triplet? <small>To be marked only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Nov. 21 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
<u>Mr. Ben White</u>		(14) NAME BEFORE MARRIAGE <u>Charles L. White</u>		
<u>408 W. ...</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>		
COLOR OR RACE	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	
BIRTHPLACE <u>Charleston</u>		(18) BIRTHPLACE <u>Charleston</u>		
OCCUPATION <u>...</u>		(19) OCCUPATION <u>House work</u>		
Number of children born to mother, including present birth {		(21) Number of children of this mother now living, including present birth {		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10:10 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna ...
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 408 W. ...

If a name added from a supplemental report
..... 101.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by marks) M. Green M.D.
(27) Filed 8/30 1922 Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Leon Banov, M. D. Registrar.

Filed 1/12/29 Edna ... Registrar.