

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
Registration District No. _____

FILE No.—For State Registrar Only

25162

1226

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) _____ Ward _____

2. FULL NAME OF CHILD BENJAMIN WHITE

{ 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 yes married? ☒ 8. Date of birth August 24, 1922
(Month, day, year)

Full name FATHER

Benjamin White

18. Full maiden name

MOTHER

Ethel Trappier

9. 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)

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

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

11. 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

OCCUPATION

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 _____ 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)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or Anna Nelson, Midwife

Address 408 Sumter St.

Filed 8/20/22 J.M. Green, M.D.
City, 10/1/22 Leon Benov, M.D.

Registrar. _____

My name added from _____
a supplemental report _____
(Date of) _____

Registrar.

St. Mary's

IRTH STATE OF SOUTH CAROLINA)

which the COUNTY OF CHARLESTON)

PERSONALLY appeared before me, Emma G. Pregnall, a notary public
of South Carolina, Benjamin White, who being duly sworn says and
declares 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
he has given me correct information on the attached record and that
this is true and correct.

to before me this

Ben White

2nd day of October, A.D. 1934.

Emma Pregnall
Notary Public, S.C.

etc. Find on th

Given name a

When there is
a child brea

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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Bureau of Vital Statistics

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City of

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or

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

Registration District No. 0 Registered No. (For use of Local Registrar)

(No. 628, Mett. 1111) St. (Ward)

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

OR (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 21 1923 (Name of Month) (Day) (Year)

FATHER.

Mr. Ben White

PRESENT OFFICE OF FATHER 412 1/2 8th St.

COLOR OR RACE (11) AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Charleston

OCCUPATION Clerk

Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel L. Lippin

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna A. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 412 1/2 8th St.

Name added from a supplemental report

101

Registrar

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

(27) Filed 8/30/23 101 (28) 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 1/12/39 E. L. Lippin Registrar