

Form No. 1

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Spring  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**43338**

Registration District No. 2908 Registered No. 85  
 (For use of Local Registrar)

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

## (2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 3- 19 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lawrence J. White

(9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C. R. 2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45  
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm

(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Marion Patton

(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House

(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. A. Thompson  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ft. Inn S.C.

Given name added from a supplemental report

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

(27) Filed 1/10 19 23 (28) W. H. Harris  
 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.