

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

56026

Registration District No. 2200

Registered No. 42

(For use of Local Registrar)

Ward

## (2) Full Name of Child

Alvin Cooke White

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

|   |                           |                              |  |                              |
|---|---------------------------|------------------------------|--|------------------------------|
| (3) BOY OR GIRL? Boy  | (4) Twin or Triplet?      | (5) Number in order of birth | (6) Are Parents Married?   | (7) DATE OF BIRTH            |
| In general only in case of Twin or Triplet                      |                           |                              |  | (Name of Month) (Day) (Year) |
| FATHER  |                           |                              | MOTHER   |                              |
| (8) FULL NAME   |                           |                              | (14) NAME BEFORE MARRIAGE  |                              |
| (9) PRESENT POSTOFFICE OF FATHER                                |                           |                              | (15) PRESENT POSTOFFICE OF MOTHER  |                              |
| (10) COLOR OR RACE  | (11) AGE AT LAST BIRTHDAY | (12) BIRTHPLACE              | (16) COLOR OR RACE   | (17) AGE AT LAST BIRTHDAY    |
|   | (Years)                   |                              |  | (Years)                      |
| (13) OCCUPATION   |                           |                              | (18) OCCUPATION  |                              |
| (19) Number of children born to mother, including present birth |                           |                              | (20) Number of children of this mother now living, including present birth |                              |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

May 1, 1912

(28)

L. L. Richardson

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

McCoy, of Columbia