

(1) PLACE OF BIRTH

County of McCrack
 Township of St. Paul
 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
19409

Registration District No. 45-01 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.)

(2) Full Name of Child Rachael White If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet? L 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 25, 1925
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Ed Clifton White
 9) PRESENT POSTOFFICE OF FATHER Plum Branch
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 21
 (Years)
 12) BIRTHPLACE St. Paul Co.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 1

MOTHER.
 14) NAME BEFORE MARRIAGE Marie Rita Reynolds
 15) PRESENT POSTOFFICE OF MOTHER Plum Branch
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 19
 (Years)
 18) BIRTHPLACE St. Paul Co.
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. B. [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 19 25 (28) [Signature]
 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.