

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead 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

20092

Registration District No. 40-a Registered No. 384  
(For use of Local Registrar)

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH June 26 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William White

(9) PRESENT POSTOFFICE OF FATHER Spartanburg

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Spartanburg S.C.

(13) OCCUPATION Truck driver

(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Clara Walker

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 14 (Years)

(18) BIRTHPLACE Spartanburg S.C.

(19) OCCUPATION

(20) 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 at 9:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Smith

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

Given name added from a supplemental report

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Registrar

(26) Witness Sarah Smith  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7-1-22 (28) Jas Copes  
Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.

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