

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. James
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. for State Register
43712 X

Registration District No. 704 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 Lasina Elizabeth White (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Female (4) Type or Triplet one (5) Number in order of birth one (6) yes (7) DATE OF BIRTH Oct 15, 23
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Arthur J. White</u>	(14) NAME BEFORE MARRIAGE <u>Susan Saman White</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Jammetown</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Jammetown</u>		
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(12) BIRTHPLACE <u>Beaufort Co</u>	(18) BIRTHPLACE <u>Beaufort Co</u>		
(13) OCCUPATION <u>Public work</u>	(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 11/10 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. M. B. Braden
 (24) State whether Physician or Midwife midwife (25) Address of Phys. or Midwife Jammetown

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 20, 23 (28) G. N. Ward 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.