

## (1) PLACE OF BIRTH

County of *Spartanburg*Township of *Beach Springs*

Inc. Town of .....

or

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

5744

Registration District No. *4000*Registered No. *7*

(For use of Local Registrar)

(2) Full Name of Child *John Bolton White*

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

(3) BOY OR GIRL? *B*

(4) Twin or triplet?

*No*

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*Jan. 24, 1922*

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

*Rich White*

(14) NAME BEFORE MARRIAGE

*Nenia Jackson*

(9) PRESENT POSTOFFICE OF FATHER

*Pineopolis SC*

(15) PRESENT POSTOFFICE OF MOTHER

*Pineopolis SC*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*21*

(Years)

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*23*

(Years)

(12) BIRTHPLACE

*Spartanburg Co. S.C.*

(18) BIRTHPLACE

*Spartanburg Co. S.C.*

(13) OCCUPATION

*Mill Work*

(19) OCCUPATION

*House Wife*

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

*Three (3.)*

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

*Two (2.)*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *10 P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *S. S. Moore*

(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

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

(27) Filed *Feb. 1, 1922**1922*

(28)

*S. S. Moore*

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.

If a child breathes even once, it must not be reported as before the fifth month of

desired of stillbirths