

(1) PLACE OF BIRTH

County of Pickens
 Township of Easley
 or
 Inc. Town of Easley
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20755

Registration District No. 37 A.Registered No. 122
 (For use of Local Registrar)

(City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX <u>MALE</u>	(4) Type <u>Child</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 23, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John H. Whitener</u>			(14) NAME BEFORE MARRIAGE <u>Ann Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Easley SC.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Easley SC.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Georgia</u>	(13) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(17) BIRTHPLACE <u>Pickens</u>		
(18) OCCUPATION <u>Merchant</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:4 M.,
 on the date above stated. (Born alive or stillborn.) (Hour A. M. or P. M.)

(23) (Signature) C. M. [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Easley SC.Given name added from a supplement-
 al report

(26) Witness
 (Signature of Witness necessary only
 when question 25 is signed by mark)

(27) Filed Oct. 3, 1923. (28) R. F. [Signature] Local Registrar.

When filed by an 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.