

(1) PLACE OF BIRTH
County of Greenville
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

3950

Inc. Town of Registration District No. 32A Registered No. 61
(For use of Local Registrar)
City of Greenville, S.C. (No. 200 McCall St.)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

Full Name of Child Wallace White

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

SEX BOY (4) Twin or Triplet? (5) Number in order of birth
(Note entered only in case of twins or triplets)

(6) Are Parents Married? Yes DATE OF BIRTH Feb. 2, 1923
(7) (Month) (Day) (Year)

FATHER

NAME Oglesby White
RES. Greenville, S.C.

(11) AGE AT LAST BIRTHDAY 27
COLOR Colored
BIRTHPLACE Pickens, Co. S.C.

OCCUPATION Day laborer

Number of children born to father, including present birth 6

MOTHER

(12) NAME BEFORE MARRIAGE Ada Maxwell

(13) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(14) COLOR OR RACE Colored (15) AGE AT LAST BIRTHDAY 26

(16) BIRTHPLACE S.C.

(17) OCCUPATION Washing

(18) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:00 A.M. on Feb. 2, 1923 at 200 McCall St. in the state above stated.

(20) (Signature) L. J. Ferguson (21) Address of Physician or Midwife Greenville, S.C.

When name added from a supplemental report

(22) Witness (Signature of Witness necessary only when question 21 is signed by clerk)
Chas. Smith Local Registrar

When the father, householder, etc., should make this return. If child breathes even once, it is a birth, and must be reported before the end of pregnancy.