

## (1) PLACE OF BIRTH

County of WataugaTownship of Wataugaor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
5260Registration District No. 4.07.7 Registered No. 21

(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 Mr. John C. White (If child is not yet named, make supplemental report as directed)(a) BOY OR GIRL girl (b) Twin or Triplet No (c) Number in order of birth 1 (d) Are Parents Married Yes (e) DATE OF BIRTH 4/1/23  
(Name of Month) (Day) (Year)FATHER: (a) FULL NAME Clifford White (b) NAME BEFORE MARRIAGE Mr. Rich. V. White(c) PRESENT POSTOFFICE OF FATHER Paris, La. (d) PRESENT POSTOFFICE OF MOTHER Paris, La.(e) COLOR OR RACE W. H. (f) AGE AT LAST BIRTHDAY 23 (g) COLOR OR RACE W. H. (h) AGE AT LAST BIRTHDAY 23  
(Year) (Year)(i) BIRTHPLACE W. H. (j) BIRTHPLACE W. H.(k) OCCUPATION Farmer (l) OCCUPATION Dom.(m) Number of children born to mother, including present birth 2 (n) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Mark A. or B. if stillborn)(24) (Signature) [Signature] (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(28) Filed March 8, 1923 (29) Mrs. J. C. White 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.

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