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3/25/41

Standard Certificate of Birth

FILE No.—For State Registrar Only

02400

1. PLACE OF BIRTH

County of YorkTownship of Catawbaor
Inc. Town of Rock Hillor
City of _____

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 44-B Registered No. 120
(For use of Local Registrar)

(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 William Harold Whisenant

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

3. Boy or Girl <u>Boy</u>	If Plural births <u>no</u>	4. Twin, triplet or other.....	6. Premature <u>no</u>	7. Are Parents Married <u>yes</u>	8. Date of birth <u>Nov. 4</u> , 19 <u>22</u> (Month, day, year)
5. Number, in order of birth.....		Full term <u>X</u>			

9. Full name
FATHER
Erwin Whisenant18. Name before
marriage
MOTHER
Sophia Whisenant10. Residence (mailing address)
(If non-resident, give place and State) Rock Hill S.C.19. Residence (mailing address)
(If non-resident, give place and State) Rock Hill S.C.11. Color or race White12. Age at last birthday 36 weeks (years)20. Color or race White21. Age at last birthday 37 weeks (years)13. Birthplace (city or place)
(State or country) York County S.C.22. Birthplace (city or place)
(State or country) York S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farming23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. No 4 Cpt House15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. No.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. no16. Date (month and year last)
engaged in this work
To date, 19 _____17. Total time (years) Life
spent in this work25. Date (month and year) last
engaged in this work
To date, 19 _____26. Total time (years) years
spent in this work27. Number of children of this mother
(At time of birth and including this child) 4 3 weeks
(a) Born alive and now living yes (b) Born alive but now dead no (c) Stillborn none28. If stillborn, no months _____ weeks _____
period of gestation29. Cause of stillbirth none
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at immediately M. on above date. Argemol
(Name of Prophylactic)Cleft Palate no Hare Lip no Other Deformities _____
(Specify)When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.(Signed) W. G. Stevens, M. D.Given name added from
a supplementary report _____
(Date of)

or _____, Midwife

Address Rock Hill S.C.Filed April 8, 1941 Mrs. J. P. Miller
Registrar.

Registrar.

April 8-1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)