CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 164

(1) PLACE OF BIRTH

County of Anderson

Township of .....
or
Inc. Town of .....
or
City of Anderson (No. 2 Q St.; ..... Ward)

Registration District No. 3A Registered No. 78 (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 Reed Allen White (If child is not yet named, make supplemental report as directed)

(3) BOY OR ~~GIRL~~? Y

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Y

(7) DATE OF BIRTH Jan. 16, 1922 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Raymond Clifton White	(14) NAME BEFORE MARRIAGE Lillian Josephine Hall
(9) PRESENT POSTOFFICE OF FATHER Anderson S. C.	(15) PRESENT POSTOFFICE OF MOTHER Anderson S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 18 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Anderson Co S. C.	(18) BIRTHPLACE Greenville S. C.
(13) OCCUPATION Cotton mill operative	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:40 A.M. (Hour: A. M. or P. M.) on the date above stated.

(23) (Signature) Wade Thompson

(24) State whether Physician or ~~Midwife~~

(25) Address of Physician or ~~Midwife~~ Anderson S. C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) .....
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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al Registrar.
this return.
births.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia, Columbia, S. C.