

(1) PLACE OF BIRTH

County of PickensTownship of Centralor  
Ins. Town of .....or  
City of .....

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

File No.—For State Registrar Only  
**31798**

Registration District No. 3706 Registered No. 181

(For use of Local Registrar)

(2) Full Name of Child James Edwin Whitman If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 11, 22

FATHER.

(8) FULL NAME Coke E. Whitman(9) PRESENT POSTOFFICE OF FATHER Pateucher, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Letter Mill Worker(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie James(15) PRESENT POSTOFFICE OF MOTHER Pateucher, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Ga.(19) OCCUPATION ✓(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 Born alive at Pateucher, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Webb(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pateucher, S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 5, 1922 (28) J. B. Bearden 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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