

MARGIN RESERVED FOR BLINDING.

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.

DEPARTMENT OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of Greenville

Township of Greenville

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209A

Registered No. 187

(For use of Local Registrar)

(No. St.; Ward)

File No.—For State Registrar Only
139-23-049107(2) Full Name of Child Sara Rachel White If child is not yet named, make supplemental report as directed

(3) <input checked="" type="checkbox"/> BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>April 12 24</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Ernest Clyde White</u>	(14) NAME BEFORE MARRIAGE <u>Osie Humphries</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(19) OCCUPATION <u>Physician</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville 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

April 12 24

(28)

A. H. Mackey

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.

AFFIDAVIT NEXT FRAME