

(1) PLACE OF BIRTH

County of St. Johns
Township of St. Johns
or
Inc. Town of St. Johns
or
City of St. Johns

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

22821

Registration District No. 4005 Registered No. 6-9
(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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>June 29, 1923</u> (Month, Day, Year)
FATHER			MOTHER	
(8) FULL NAME <u>Frank P. White</u>			(14) NAME BEFORE MARRIAGE <u>Walter D. White</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>St. Johns</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>St. Johns</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>St. Johns</u>			(18) BIRTHPLACE <u>St. Johns</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive & stillborn on the date above stated.

(23) (Signature)
Dr. J. C. White

(24) State whether Physician or Midwife
Physician

(25) Address of Physician or Midwife
St. Johns

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug 5, 1923 (M) Mr. 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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