

(1) PLACE OF BIRTH

County of Berkeley
 Township of At Thomas
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6647

Registration District No. 767 Registered No. 66
 (For use of Local Registrar)

City of (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 JAMES L. White If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Mar 7 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Frank Smith
 (9) PRESENT POSTOFFICE OF FATHER Wando sc
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Berkeley
 (13) OCCUPATION Labourer
 (20) Number of children born to mother, including present birth seven

MOTHER.
 (14) NAME BEFORE MARRIAGE Elija White
 (15) PRESENT POSTOFFICE OF MOTHER Wando
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE Berkeley
 (19) OCCUPATION Cook
 (21) Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alone at 1 A M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Honah Perche
 (24) State whether Physician or Midwife Midwife (25) Address of Physic or Midwife Wando sc

Given name added from a supplemental report
 (26) Witness W C Cook
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar 18 1922 (28) W C Cook 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.