

FORM NO. 1 - IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 SEX OF EACH CHILD. WITH UNFADING INK - THIS IS A PERMANENT RECORD.
 PHILADELPHIA, Pa. 1. THE OTHER, No. 2, etc. in question 8.
 DEPARTMENT OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Cherokee
 or
 Inc. Town of _____
 or
 City of Cherokee (No. _____ St. _____ Ward _____)

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

File No. - For State Registrar Only
3562

Registration District No. 1-000-B Registered No. 15
 (For use of Local Registrar)

(2) Full Name of Child Helen Jackson White (If child is not yet named, make supplementary report as directed)

(3) SEX OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u> </u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u> </u>	(6) Age Parents Married? <u> </u>	(7) DATE OF BIRTH <u>Feb. 19, 22</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Walter Claude White</u>	(14) NAME BEFORE MARRIAGE <u>Anna Dickson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Kings Creek S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kings Creek S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>York Co. S.C.</u>	(18) BIRTHPLACE <u>Cherokee Co. S.C.</u>			
(13) OCCUPATION <u>Blacksmith</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:38 M., on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. W. Miller
 (24) State, whether Physician or Midwife Physician Hickory Grove S.C.

Given name added from a supplemental report

(25) Witness _____
 Signature of Witness necessary only when question 22 is signed by father
 (26) Filed Mar. 1, 1922 (27) _____
 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.