

(1) PLACE OF BIRTH

County of Saluda
 Township of #2

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50347

Inc. Town of Registration District No. 3901 Registered No. 14
 (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 Myrtle Louise Whittle If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are yes Parents Married? (7) DATE OF BIRTH Feb. 2 1916
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>G. T. Whittle</u>	(14) NAME BEFORE MARRIAGE <u>Inez Swigert</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Batesburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Batesburg</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>
(12) BIRTHPLACE <u>Saluda Co</u>	(18) BIRTHPLACE <u>Lexington Co</u>	(19) OCCUPATION <u>Farmer</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 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. M. Crosson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lexville

Given name added from a supplemental report

June 9 1916.

Crosson Registrar

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

(27) Filed Feb. 3 1916. (28) J. S. Vronch 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.

MARGIN RESERVED FOR BINDING.
 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.