

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58480

Registration District No.

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

Hazel Elizabeth White

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Apr 29

1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

J. D. White

(9) PRESENT POSTOFFICE OF FATHER

Piedmont No 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

Anderson C. S. C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Gambell

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont No 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Anderson

(19) OCCUPATION

House work

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

J. D. Campbell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Piedmont

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 3-5-1916

(28)

H. J. Galey

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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