

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.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of LefloreTownship of Landsfordor
Inc. Town ofor
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

76271

Registration District No. 1106 Registered No. 169

(For use of Local Registrar)

(2) Full Name of Child James W. White { If child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------|--|---------------------------------------|-----------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>2</u> <small>To be answered only in case of Twins or Triplets</small> | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>X</u> | (7) DATE OF BIRTH <u>Sept. 13, 1914</u> <small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|--|---------------------------------------|-----------------------------------|--|

FATHER.

(8) FULL NAME Clarence White(9) PRESENT POSTOFFICE OF FATHER Catawba(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Arsonia Nelson(15) PRESENT POSTOFFICE OF MOTHER Catawba(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farming(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 born at 4 9 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elvira Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

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Registrar(26) Witness Clarence White
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/17 1914. (28) A. J. Westbrook
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.