

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

75247

(1) PLACE OF BIRTH

County of *York*

Township of *Beneges*

or Inc. Town of

or City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of street and number.)

Registration District No. *4405* Registered No. *87*
(For use of Local Registrar)

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in event of Twins or Triplets</i>	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Aug 21, 1916</i> (Name of Month (Day) (Year))
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FATHER.

(8) FULL NAME *Hazel Brown*

(9) PRESENT POSTOFFICE OF FATHER *R Hill*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *21*
(Years)

(12) BIRTHPLACE *York Co*

(13) OCCUPATION *Farm Laborer*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lucinda White*

(15) PRESENT POSTOFFICE OF MOTHER *R Hill R 751*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *19*
(Years)

(18) BIRTHPLACE *SC.*

(19) OCCUPATION *Laborer*

(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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Jarvis Barron*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness *J. H. Hutchison*
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *8/26/16* (28) *J. R. Muel*
Local Registrar

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.

*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.