

(1) PLACE OF BIRTH

County of SUMTER

Township of

OR

Inc. Town of

OR

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

9337

Registration District No.

Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child

Daniel White

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

3) BOY OR GIRL?

Boy

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

March 22
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME

Daniel White

9) PRESENT POSTOFFICE OF FATHER

Sumter

10) COLOR OR RACE

Colored

11) AGE AT LAST BIRTHDAY

29
(Year)

12) BIRTHPLACE

Fort Motte S.C.

13) OCCUPATION

Laborer

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

15

MOTHER

14) NAME BEFORE MARRIAGE

Essie Vincent

15) PRESENT POSTOFFICE OF MOTHER

Fort Motte S.C.

16) COLOR OR RACE

Colored

17) AGE AT LAST BIRTHDAY

36
(Year)

18) BIRTHPLACE

Fort Motte S.C.

19) OCCUPATION

Housekeeping

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

15

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)

Agnes Joe Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

See attached 7/25/144 Rue19.....
Registrar

(26) Witness

Husband

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

(27) Filed

April 1

1922

(28) Carl B. Epps

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.

RECEIVED FOR BIRTHING

WHITE PLAIN, WITH UNRECORDED—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.

RECEIVED OF SUMMER, Columbia, S. C.