

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Amelia  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**20024**

Registration District No. 800 Registered No. 46  
 (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 William White 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 1 (6) Are Parents Married yes (7) DATE OF BIRTH Aug 6 1925  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William White  
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27  
 (Year) (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Farm work

## MOTHER.

(14) NAME BEFORE MARRIAGE Reta White  
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21  
 (Year) (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Farm work

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) William White

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. White

(27) Filed Aug 16 19 25 (28) W. H. White 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.