

(1) PLACE OF BIRTH

County of Richland
 Township of Blytheville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only
 18952

Registration District No. 38.10. Registered No. 67
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL girl (4) Type or Token To be answered only in event of Twin or Triplets (5) Age at Birth 1 yr (6) DATE OF BIRTH June 10, 1923 (Name of Month) (Day) (Year)

FATHER.
 (7) FULL NAME Hubert White
 (8) PRESENT RESIDENCE OF FATHER Blytheville
 (9) COLOR OR RACE col (10) AGE AT LAST BIRTHDAY 34 (Years)
 (11) BIRTHPLACE Richland Co
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Cora White
 (15) PRESENT RESIDENCE OF MOTHER Blytheville
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Richland Co
 (19) OCCUPATION Field Hand
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 3 a on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature) Ella Bell Trapp
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Blytheville S.C.

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed June 12, 1923 (27) W. M. Dean 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.