

MARGIN RESERVED FOR BINDER.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Fairfield</u>		STATE OF SOUTH CAROLINA		64214	
Township of <u># 13</u>		Bureau of Vital Statistics			
City of		State Board of Health			
Inc. TOWN of		Registration District No. <u>1902</u>		Registered No. <u>90</u>	
City of		(No. St.; Ward)		(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 <u>Thordan Fairfield White</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 10, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>David Lincoln White</u>			(14) NAME BEFORE MARRIAGE <u>Lela Tidwell</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Blackstock</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blackstock</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)		
(12) BIRTHPLACE <u>Fairfield Co</u>			(18) BIRTHPLACE <u>Fairfield</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2 P. M.</u> on the date above stated. <u>born alive or stillborn</u> (Hour A. M. or P. M.)					
(23) (Signature) <u>Emma Collins</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Blackstock</u>					
Given name added from a supplemental report					
(26) Witness <u>Bessie Forster</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>June 17, 1916</u> (28) <u>A. H. Stealer</u> Registrar 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.					