

Form No. 1

(1) PLACE OF BIRTH

County of

Township 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

18400

Registration District No. 1633

Registered No. 83
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Louise Jashti White
If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed3 SEX OF CHILD Male 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married Yes 7 DATE OF BIRTH 6/23/27
(Name of Month) (Day) (Year)FATHER. MOTHER.
8 FULL NAME W. Carl White 14 NAME BEFORE MARRIAGE E. Thelma Hayes

9 PRESENT POSTOFFICE OF FATHER Lake View S.C. 15 PRESENT POSTOFFICE OF MOTHER Lake View S.C.

10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 24 16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 23
(Years) (Years)

12 BIRTHPLACE Gony Co. S.C. 18 BIRTHPLACE Dillon Co.

13 OCCUPATION Farmer 19 OCCUPATION Housework

20 Number of children born to mother, including present birth One 21 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) B. F. Livingston 24 State Physician or Midwife Lake View S.C.

Given name added from a supplemental report

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

(27) Filed 6/23/27 1927 (28) 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.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. MCGRAW OF COLUMBIA, COLUMBIA, S. C.