

5/27/10
PLACE OF BIRTH
County of Flapence
Township of Johnson
or
Inc. Town of.....
or
City of

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

No. 6956
For State Registrar Use

Registration District No. 2018 Registered No. 2233
(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 James Arthur White If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 28 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Isaiah White</u>			(14) NAME BEFORE MARRIAGE <u>Rosa White</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Johnsonville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Johnsonville</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(18) BIRTHPLACE <u>Not Known</u>
(12) BIRTHPLACE <u>Not Known</u>	(13) OCCUPATION <u>Farming</u>	(19) BIRTHPLACE <u>Not Known</u>	(20) OCCUPATION <u>House Wife</u>	(21) Number of children of this mother now living, including present birth
(22) Number of children born to mother, including present birth				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was at 2 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(24) (Signature) Rosa Williams Johnsonville
(25) State whether Physician or Midwife (26) Address of Physician or Midwife

(Given name added from a supplemental report)

(27) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(28) Filed April 10 1923 (29) L. L. Panton
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is required if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.