

(1) PLACE OF BIRTH

County of *Anderson*
Township of *Puckett*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24753

In Town of Registration District No. *310* Registered No. *84*
(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 *James Luther Whitman* If child is not yet named, make supplemental report as directedBOY OR GIRL? *Boy* (4) Twin or Triplet? *—* (5) Number in order of birth *—* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *6, 22, 22*
(Name of Month) (Day) (Year)

FATHER.

FULL NAME *Luther Whitman*PRESENT POSTOFFICE OF FATHER *Walhalla, S.C.*COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *25*
(Years)BIRTHPLACE *And. Co., S.C.*OCCUPATION *Textile operator*Number of children born to father, including present birth { *3* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Nellie James*(15) PRESENT POSTOFFICE OF MOTHER *Puckett, S.C.*(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *28*
(Years)(18) BIRTHPLACE *And. Co., S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth { *3* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* at *11:30 P.* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. S. Foster*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

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Registrar

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

(27) Filed *Sept 13 22* (28) *N. W. Seawright*
Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If it breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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