

Form No. 1

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

File No.—For State Registrar Only
 91574

(1) PLACE OF BIRTH Richland
 County of Richland
 Township of Blythewood
 or
 Inc. Town of
 or
 City of (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3800 Registered No. 182
 (For use of Local Registrar)

(2) Full Name of Child Henry Whittier } If child is not yet named, make supplemental report as directed

(3) ~~Sex of Child~~ Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 17, 1914
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Man Whittier

(9) PRESENT POSTOFFICE OF FATHER Blythewood SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26
 (Years)

(12) BIRTHPLACE Ridgeway SC

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Margie Harrison

(15) PRESENT POSTOFFICE OF MOTHER Blythewood SC

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
 (Years)

(18) BIRTHPLACE Ridgeway SC

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M. M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Sam. McDonald Blythewood SC

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

Given name added from a supplemental report

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

(27) Filed Jan 7, 1915 (28) W. M. Lian 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.

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