

Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
91574

Township of Blythewood Registration District No. 3800 Registered No. 182
 (For use of Local Registrar)
 Inc. Town of _____ or _____ St.; _____ Ward)
 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 Henry Whittier { If child is not yet named, make supplemental report as directed

(3) Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 17 1911
 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 Maggie 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
 (20) 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 (24) State whether _____ or Midwife (25) Address of Physician or Midwife Blythewood SC

Given name added from a supplemental report _____ 191...
 _____ Registrar

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

(27) Filed Jan 7 1912 (28) W. A. McLean 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.

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.