

## (1) PLACE OF BIRTH

County of ChesterTownship of Harrisonville

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

67695

Registration District No. 1104Registered No. 26

(For use of Local Registrar)

(No.)

St.:

Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child John David White

If child is not yet named, make supplemental report as directed

(2) Sex Male (3) Number in order of birth 7(4) Age Parents Yes(7) DATE OF BIRTH July 26, 1914

## FATHER.

## MOTHER.

(14) NAME BEFORE MARRIAGE John White(14) NAME BEFORE MARRIAGE Bertha Halsey(15) PRESENT POSTOFFICE OF MOTHER Leeds P.C.(15) PRESENT POSTOFFICE OF MOTHER Leeds P.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 42(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27(18) BIRTHPLACE Leeds P.C.(18) BIRTHPLACE Leeds P.C.(19) OCCUPATION Turner(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7(20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22) I hereby certify that I attended the birth of this child, who was alive at 7 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miss Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeLeeds P.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 24, 1914(28) W. T. McDaniel

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.