

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor
Inc. Town of Xor
City of X

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

67633

Registration District No. 110.2 Registered No. 64

(For use of Local Registrar)

(2) Full Name of Child Annie Viola White If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~
GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH July 20, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James William White(9) PRESENT POSTOFFICE OF FATHER Cherokee, S.C. R. 3(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Cherokee County(13) OCCUPATION merchant(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Mary Anna Baker(15) PRESENT POSTOFFICE OF MOTHER Cherokee, S.C. R. 3(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 41 (Years)(18) BIRTHPLACE Cherokee County(19) OCCUPATION housekeeper(22) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born at 3 P.M. on the date above stated. (Born alive or ~~premature~~) (Hour A. M. or ~~P.M.~~)(23) (Signature) mid wife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cherokee, S.C.

Given name added from a supplemental report

(26) Witness Mrs. E. A. Robinson

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

(27) Filed July 23, 1906 (28) James H. Houchens 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.

WHEN PLAINLY, WITH UNPAIDING INK—THIS IS A PRESCRIPTION FOR A CHILD, AND MARK THE X IN CASE OF TWINS OR TRIPLETS OR A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

McGraw-Hill