

(1) PLACE OF BIRTH

County of AndersonTownship of Forbes

Inc. Town of

City of

(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 this register

2803

Registration District No. B.O.B. Registered No. 12

(For use of Local Health Officer)

(No. of Child) (If child is not yet named, make supplemental report as directed)

2) Full Name of Child Jesse Ralph White(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age of child at birth

(7) DATE OF BIRTH Jan 15 33

FATHER

(8) FULL NAME

Romer H White

(9) PRESENT POSTOFFICE OF FATHER

Laurville S C

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE

La

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Lila J Singleton

(15) PRESENT POSTOFFICE OF MOTHER

Laurville S C

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE

La

(19) OCCUPATION

Housewife(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 P (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Watson

(24) (Address of Physician or Midwife)

(When there was no attending physician or midwife, fill in name of person who attended birth)

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