

(1) PLACE OF BIRTH

County of

Cherokee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

*White Plains*or
Inc. Town of
or
City ofRegistration District No. *1007*Registered No. *43*

File No. For State Registrar Only

71935

(For use of Local Registrar)

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

(2) Full Name of Child *Florence Whitt*

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in event of Twins or Triplets</i>	(6) Are Parent Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug 12</i> 19 <i>16</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <i>Ben J. Whitt</i>	(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>25</i> (Years)
(9) PRESENT POSTOFFICE OF FATHER <i>Clifton S C R#1</i>	(12) BIRTHPLACE <i>SC</i>	(13) OCCUPATION <i>Farmer</i>
(20) Number of children born to mother, including present birth <i>2</i>		

MOTHER.

(14) NAME BEFORE MARRIAGE <i>Mamie Mahaffee</i>	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>20</i> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <i>Clifton S C R#1</i>	(18) BIRTHPLACE <i>SC</i>	(19) OCCUPATION <i>House wife</i>
(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *12.00* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Florence Whitt, midwife*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Clifton S C R#1*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Sept 9, 1916* (28) *D. M. Smith*

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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.