

(1) PLACE OF BIRTH

County of GreeneTownship of GreeneOR
Inc. Town of TennesseeOR
City of WILLIAM GRIMSHAW

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

(2) Full Name of Child Erskie Grimshaw White, Jr.

File No.—For State Registrar Only

31507

Registration District No. 3502Registered No. 76
(For use of Local Registrar)

St.; Ward)

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

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Sept 3, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Erskie Grimshaw White9) PRESENT POSTOFFICE OF FATHER Tennessee S.C.10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24
(Years)12) BIRTHPLACE N.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth one

MOTHER.

14) NAME BEFORE MARRIAGE Esie Hardie15) PRESENT POSTOFFICE OF MOTHER Tennessee S.C.16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17
(Years)18) BIRTHPLACE Ga.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mrs Luke Wilson midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wachula S.C. R.F.D.

Given name added from a supplemental report

La. affidavit 9-9-43La. 11-11-43

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7 19 22 (28) W. F. S. Graham
to 111 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.