

4/16/43

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of York

Township of _____

or
Inc. Town of Rock Hill, S.C.or
City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 44 05 Registered No. _____

(For use of Local Registrar)

(No Saluda Road St.; _____ Ward)2. FULL NAME OF CHILD ALMA Louise White

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

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twin, triplet or other	6. Premature	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>March 5, 1922</u> (Month, day, year)
5. Number, in order of birth		Full term <u>yes</u>			
9. Full name <u>George Pearson White</u>			18. Name before marriage <u>Wren Brown</u>		
10. Residence (mailing address) <u>Rock Hill, S.C.</u> (If non-resident, give place and State)			19. Residence (mailing address) <u>Rock Hill, S.C.</u> (If non-resident, give place and State)		
11. Color or race <u>white</u>		12. Age at child's birth <u>32</u> (years)		20. Color or race <u>white</u>	
13. Birthplace (city or place) <u>Leslie, S.C.</u> (State or country)		21. Age at child's birth <u>28</u> (years)		22. Birthplace (city or place) <u>Rock Hill, S.C.</u> (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>housekeeper</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>four</u> (b) Born alive but now dead _____ (c) Stillborn _____					
28. If stillborn, period of gestation _____ months weeks 29. Cause of stillbirth _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10 P. m. on the date above stated.
(Born alive or ~~stillborn~~)

(Signed) Mrs. G. P. White Parent
or _____ Guardian
Address Saluda Rd. Rock Hill, S.C.
Filed May 8 1943 M. B. Woodward, M.D. Registrar.

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FILE No.—For State Registrar Only

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