

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

22 050082

1. PLACE OF BIRTH

County of York

Township of

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

or

City of (No Saluda Road St.; Ward

(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

FILE No.—For State Registrar Only

01195

Registration District No. 44 015 Registered No.
(For use of Local Registrar)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.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>March 5, 1922</u> (Month, day, year)
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9. Full name <u>George Pearson White</u>	FATHER
10. Residence (mailing address) <u>Rock Hill, S.C.</u>	(If non-resident, give place and State)

18. Name before marriage <u>Wren Brown</u>	MOTHER
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)
13. Birthplace (city or place) <u>Leslie, S.C.</u>	(State or country)

20. Color or race <u>white</u>	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>	17. Total time (years) spent in this work.....
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....	
16. Date (month and year) last engaged in this work.....	

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>housekeeper</u>	26. Total time (years) spent in this work.....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....	
25. Date (month and year) last engaged in this work.....	

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living four (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

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..... GuardianAddress Saluda Rd. Rock Hill, S.C.Filed May 8 1943 M. B. Woodward M.D.
Registrar.