

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

21846

County of Myrtle BeachTownship of Chesapeakeor
In. Town ofor
City ofRegistration District No. 3301 Registered No. 97
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child: Edward Robert White (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 7/1/23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest White(9) PRESENT POSTOFFICE OF FATHER Chesapeake, Md.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Year)(12) BIRTHPLACE Frederick County, Md.(13) OCCUPATION Farmer(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 7

MOTHER.

(14) NAME BEFORE MARRIAGE Marie May White(15) PRESENT POSTOFFICE OF MOTHER Chesapeake, Md.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 38 (Year)(18) BIRTHPLACE Frederick County, Md.(19) OCCUPATION Domestic(20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive as white on the date above stated. (Hour A. M. or P. M.)(22) (Signature) [Signature] (23) Address of Physician or Midwife [Address](24) State Md. (25) [Signature]

Given name added from a supplemental report

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

(27) Filed July 2, 1923 (28) [Signature] 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.

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