

## (1) PLACE OF BIRTH

County of *Wm. C. C. C.*Township of *Edgefield*

or

Inc. Town of.....

or

City of.....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

311933

Registration District No. *4501*Registered No. *33*  
(For use of Local Registrar)(2) Full Name of Child *Annah Frances White* (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *L* (5) Number in order of birth *L* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Sept 18, 22*  
(Name) (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <i>Allen Reynolds White</i>	(14) NAME BEFORE MARRIAGE <i>Miss Ida Belle Self</i>	(10) COLOR OR RACE <i>White</i>	(16) AGE AT LAST BIRTHDAY <i>25</i> (Years)
(9) PRESENT POSTOFFICE OF FATHER <i>Phum Branch S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Phum Branch S.C.</i>	(11) AGE AT LAST BIRTHDAY <i>25</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>21</i> (Years)
(12) BIRTHPLACE <i>Edgefield Co. S.C.</i>	(18) BIRTHPLACE <i>Edgefield Co. S.C.</i>	(13) OCCUPATION <i>Farmer &amp; operating lawm</i>	(19) OCCUPATION <i>House wife</i>
(20) Number of children born to mother, including present birth <i>Two</i>	(21) Number of children of this mother now living, including present birth <i>Two</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12:45* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. Adams M.D.* (24) State whether Physician or Midwife *Physician*

Given name added from a supplemental report

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

(26) Filed *Sept 24, 22* (27) *D. T. M. C. C.* 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.