

## (1) PLACE OF BIRTH

County of Wm. burg  
 Township of Penit  
 of  
 Inc. Town of .....  
 of  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18208

Registration District No. 4308 Registered No. 41  
 (For use of Local Registrar)

City of ..... (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 Ran White If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 2, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Patrich White</u>			(14) NAME BEFORE MARRIAGE <u>Phillis Poole</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lanes S.S.</u>			(16) PRESENT POSTOFFICE OF MOTHER <u>Lanes S.S.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(12) COLOR OR RACE <u>negro</u>	(13) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(15) BIRTHPLACE <u>Wm. burg co. S.S.</u>		(17) BIRTHPLACE <u>Wm. burg co. S.S.</u>		
(18) OCCUPATION <u>Farm laborer</u>		(19) OCCUPATION <u>Farm laborer</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Siley Plowden  
 (24) State whether Physician or Midwife midwife Address of Physician or Midwife Lanes S.S.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
May 2, 1923 (26) A. P. H. M. C. L. Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.