

(1) PLACE OF BIRTH

County of *Kershaw*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

77742

Township of

or

Inc. Town of

or

City of

Registration District No. *2704*Registered No. *Ab4*

(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 Whitermore*

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

(3) BOY ~~or~~(4) ~~Twins or triplets?~~(5) Number in order of birth *3*(6) Are Parents Married *Yes*(7) DATE OF BIRTH *August 4, 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Jimmie Whitermore*(9) PRESENT POSTOFFICE OF FATHER *Lugoff SC*(10) COLOR OR RACE *Colored*(11) AGE AT LAST BIRTHDAY *27* (Years)(12) BIRTHPLACE *Red Springshill*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lattie Dairy*(15) PRESENT POSTOFFICE OF MOTHER *Lugoff SC*(16) COLOR OR RACE *Colored*(17) AGE AT LAST BIRTHDAY *17* (Years)(18) BIRTHPLACE *Camden SC*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive ~~or~~ (Hour ~~or~~ P. M.)(23) (Signature) *Midwife... Eosther Smith Lugoff S.C.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed *10/10/16* (28) *E. P. Whitermore* 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.