

(1) PLACE OF BIRTH

County of MarionTownship of North

Inc. Town of

City of

(No. St. Ward)
(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

No. 1a.—For State Registrar Only

44126

Registration District No. 3804 Registered No. 3
(For use of Local Registrar)(2) Full Name of Child Eva Grace White If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Type of birth Normal (5) Status in regard to birth Yes (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 25 1923
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Carl White</u>	(14) NAME BEFORE MARRIAGE <u>Pearl Melton</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Little G. 3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Latta G. #3</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>3</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>14</u> (Years)
(12) BIRTHPLACE <u>Marion Co.</u>	(18) BIRTHPLACE <u>Marion County</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was E. G. R. at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Walter H. Hanks (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walter H. Hanks

Given name added from a supplemental report

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

(27) Filed Jan 17 1924 (28) Walter H. Hanks 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.)