

Form No. 1.

(1) PLACE OF BIRTH

County of Worcester

Township of Burris

Inc. Town of

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

48851

Registration District No. 1700

Registered No. 79

(For use of Local Registrar)

(2) Full Name of Child Edward White

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>35</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 6</u>
<small>Is to be answered only in case of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

(8) FATHER. FULL NAME Thomas White

(9) PRESENT POSTOFFICE OF FATHER Ridgville, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Worcester, Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

(14) MOTHER. NAME BEFORE MARRIAGE Lizzie Simmons

(15) PRESENT POSTOFFICE OF MOTHER Ridgville, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Worcester, Co.

(19) OCCUPATION Farm & Housework

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5'a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Jenkins

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgville, S.C.

Given name added from a supplemental report

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..... Registrar

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

J. W. Johnston

(27) Filed Jan 5 1916 (28) J. W. Johnston 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.

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.