

(1) PLACE OF BIRTH

County of Yamhill
Township of Yamhill
OF
Inc. Town of

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

File No.—For State Registrar Only
12286

Registration District No. 4201 Registered No. 2

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

3) BOY OR GIRL? <u>Girl</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>11/4/23</u> (Name of Month) (Day) (Year)
8) FULL NAME OF FATHER <u>Howard Whitehead</u>			9) FULL NAME OF MOTHER <u>Eva Pruitt</u>	
10) PRESENT POSTOFFICE OF FATHER? <u>Buffalo</u>			11) PRESENT POSTOFFICE OF MOTHER <u>Buffalo</u>	
12) COLOR OR RACE <u>White</u>	13) AGE AT LAST BIRTHDAY <u>42</u> (Year)	14) COLOR OR RACE <u>White</u>	15) AGE AT LAST BIRTHDAY <u>27</u> (Year)	16) BIRTHPLACE
17) OCCUPATION <u>Ironing</u>			18) OCCUPATION <u>Ironing</u>	
19) Number of children born to mother, including present birth <u>3</u>			20) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 100 on the date above stated. (Born alive or stillborn) (Home or Hospital)

(22) (Signature) [Signature] (23) Address of Physician or Midwife

(24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed April 23 1923 (27) 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.

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