

Form No. 1

## (1) PLACE OF BIRTH

County of Newberry

Township of .....

or

Inc. Town of .....

City of Newberry

(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

31368

Registration District No. 34-A Registered No. 133

(For use of Local Registrar)

(No. Main St.; 4 Ward)(2) Full Name of Child Bessie Abell If child is not yet named, make supplemental report as directed

3 SEX OR GIRL Girl 4 Twin Twin 5 Number in order of birth 1st 6 Are Parents Married? yes 7 DATE OF BIRTH Sept. 10, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Burton Able9 PRESENT POSTOFFICE OF FATHER Newberry SC10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 29 (Years)12 BIRTHPLACE SC13 OCCUPATION Salesman or clerk14 Number of children born to mother, including present birth 3

## MOTHER.

14 NAME BEFORE MARRIAGE Dall John Perry15 PRESENT POSTOFFICE OF MOTHER Newberry SC16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 28 (Years)18 BIRTHPLACE SC19 OCCUPATION House Wife20 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Hauser

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

Physician Newberry SC

Give name added from a supplemental report

B. G. Cunningham  
Oct 5, 1922  
Registrar

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

(27) Filed Oct 4, 1922 (28) B. G. Cunningham 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.