

Form No. 1

(1) PLACE OF BIRTH

County of Charles Hrn.

Township of

or

Town of

or

Ward of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

17016

Registration District No. 906 Registered No. 49
(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.)

Full Name of Child Cartha Lura Newton If child is not yet named, make supplemental report as directed

JOY OR FILS girl (4) Twin or Triplet (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH June 10, 1923
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Frank H. Newton

PRESENT POSTOFFICE OF FATHER McClaurice

(8) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Charleston Co

(13) OCCUPATION Dom. Laborer

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leticia Brown

(15) PRESENT POSTOFFICE OF MOTHER McClaurice

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE McClaurice

(19) OCCUPATION Dom. Laborer

(21) Number of children of this mother now living, including present birth 1 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Laura Williams

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

Given name added from a supplemental report

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

(27) Filed May 2, 1923 (28) L. E. Beck 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.