

Form No. 8

(1) PLACE OF BIRTH

County of Newberry
 Township of No 3
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

FILE NO. For State Registrar Only

4680

Registration District No. 34-05Registered No. 5

(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.)

(2) Full Name of Child

Clara William

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH July 19 1925
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Eddie

(9) PRESENT POSTOFFICE OF FATHER

York

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Housewife

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

4

MOTHER

(14) NAME BEFORE MARRIAGE

William

(15) PRESENT POSTOFFICE OF MOTHER

York

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

1925

(28)

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.
 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 1.