

## (1) PLACE OF BIRTH

County of Newberry

Township of .....

Inc. Town of .....

City of Newberry (No. Worth St.)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Bernnetta Luavles

File No. — For State Registrar Only

19501

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 34 Registered No. 75

(For use of Local Registrar)

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

3) SEX OR  
GENDER(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?

(7) DATE

BIRTH

(8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

To be answered only in case of Twins or Triplets

## FATHER.

4) FULL  
NAMEGotzen Luavles5) PRESENT  
RESIDENCE  
PLACESaluda A.C.6) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY22

(Years)

7) BIRTHPLACE

A.C.

8) OCCUPATION

Former

## MOTHER

(14) NAME BEFORE  
MARRIAGEMrs Leona Burnett(15) PRESENT  
POSTOFFICE  
OF MOTHERNewberry S.C.(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY20

(Years)

(18) BIRTHPLACE

A.C.

(19) OCCUPATION

Domestic9) Number of children born to  
mother including present birth1(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. J. G. Stouck

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianNewberry A.C.Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 8, 1922(28) L. J. G. Stouck

Local Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. If  
made even once, it must not be reported as stillborn. No report is desired of stillbirths before the  
fifth month of pregnancy.

before the fifth month of pregnancy.