

(1) PLACE OF BIRTH

County of

Newberry

Township of

or
Inc. Town ofor
City of

Newberry

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

39451

Registration District No.

34

Registered No.

22171

(For use of Local Registrar)

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Sarah Elizabeth Lattimore

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Nov. 9 1924

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME

John L. Lattimore

(9) PRESENT POSTOFFICE OF FATHER

Newberry, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Mill Operator

MOTHER.

(14) NAME BEFORE MARRIAGE

Nannie Cameron

(15) PRESENT POSTOFFICE OF MOTHER

Newberry, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

Dec 8, 1924

(28)

S. L. 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.

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