

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of .....

(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

19907

Registration District No. 385 Registered No. 102  
(For use of Local Registrar)City of Richland St.; Columbia Ward2) Full Name of Child Ernest Jacob Newman If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH May 29 1902  
(To be answered only in event of twins or triplets) (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernest Jacob Newman(9) PRESENT POSTOFFICE OF FATHER RFD # 2(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE OC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Owens Young(15) PRESENT POSTOFFICE OF MOTHER RFD # 2(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE OC(19) OCCUPATION Housewife(20) 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 on the date above stated. (Hour A. M. or P. M.) 7 P. M.(23) (Signature) B. I. Jennings

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

Given name added from a supplemental report

....., 191....

.....

..... Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 29 1902 (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.

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