

(1) PLACE OF BIRTH

County of Newberry
 Township of No. 11
 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

39488

Registration District No. 3488Registered No. 71
(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

(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? No (7) DATE OF BIRTH Nov. 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Malcolm Sebers(9) PRESENT POSTOFFICE OF FATHER Unknown(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Unknown(20) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Fannie Hall(15) PRESENT POSTOFFICE OF MOTHER Pomaria(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm Hand(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie Sebers(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pomaria S.C.

Given name added from a supplemental report

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

(27) Filed 11/25 19 22 (28) R. J. Johnson 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.