

## (1) PLACE OF BIRTH

County of NewberryTownship of No. 1

UP

Inc. Town of .....

UP

(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4806

Registration District No 3428 Registered No 10

(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

Infant

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

3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet 5) Number in order of birth(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 9 1923  
(Name of Month) (Day) (Year)

## FATHER.

9) FULL NAME J. H. Wilson9) PRESENT POSTOFFICE OF FATHER Newberry(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)12) BIRTHPLACE Newberry13) OCCUPATION Teacher20) Number of children born to mother, including present birth Eight

## MOTHER.

(14) NAME BEFORE MARRIAGE Ells Baker(15) PRESENT POSTOFFICE OF MOTHER Newberry(16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Newberry(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. L. Myers(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Newberry

Given name added from a supplemental report

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

(27) Filed Feb 9 1923 (m) B. S. 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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