

(1) PLACE OF BIRTH

County of
Township of
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

267

Registration District No. 100

Registered No. 11
(For use of Local Registrar)

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

(2) Full Name of Child Abigayle Newman

(7) BOY OR GIRL Girl (8) Twin or Triplet? No (9) Number in order of birth 1 (10) Are Parents Married? Yes (11) DATE OF BIRTH July 11 1922
(Name of Month) (Day) (Year)

FATHER

(12) FULL NAME Adams Newhall
(13) PRESENT POSTOFFICE OF FATHER
(14) COLOR OR RACE Col (15) AGE AT LAST BIRTHDAY 26 (Year)
(16) BIRTHPLACE
(17) OCCUPATION Laborer
(18) Number of children born to mother, including present birth 2

MOTHER

(19) NAME BEFORE MARRIAGE Carrie Joann
(20) PRESENT POSTOFFICE OF MOTHER
(21) COLOR OR RACE Col (22) AGE AT LAST BIRTHDAY 23 (Year)
(23) BIRTHPLACE
(24) OCCUPATION
(25) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was born at 70 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(27) (Signature) Perin Newman
(28) State whether Physician or Midwife Midwife (29) Address of Physician or Midwife

Given name added from a supplemental report
19
Registrar

(30) Witness
(31) Filed July 11 1922 (32) John Cooney 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.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.