

DATE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

15188

Name of Child *Newberry*

No. *10*

Registration District No. *340*

Registered No. *22*

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

Name of Child *Newberry* If child is not yet named, make supplemental report as directed

(1) Twin or Triplet? *No* (2) Number in order of birth *1* (3) Are Parents Married? *Yes* (4) DATE OF BIRTH *Mar 20 23*
(Name of Month) (Day) (Year)

FATHER
Name *Luther Crumpton*
Present Postoffice *Prosperity S.C.*
Color or Race *White* (5) AGE AT LAST BIRTHDAY *23* (Years)
Birthplace *Newberry County S.C.*
Occupation *Farmer*
Number of children born to mother, including present birth *1*

MOTHER
(6) NAME BEFORE MARRIAGE *Lorine Wick*
(7) PRESENT POSTOFFICE OF MOTHER *Prosperity S.C.*
(8) COLOR OR RACE *White* (9) AGE AT LAST BIRTHDAY *16* (Years)
(10) BIRTHPLACE *Newberry County S.C.*
(11) OCCUPATION *Housekeeper*
(12) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was *alive* at *3:40 A.* M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)
(13) (Signature) *J. A. Brown*
(14) State whether Physician or Midwife *Physician* (15) Address of Physician or Midwife *State Hwy 9C*

Name added from a supplemental report *101.1*
(16) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(17) Filed *June 14 1923* (18) *Elberta Sease* Local Registrar

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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