

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(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
43824

Registration District No. 3404 Registered No. 82
 (For use of Local Registrar)

(2) Full Name of Child

Amie Josephine Berley
 (If birth occurs in a hospital or institution, give name of same instead of street and number.)
 (No. Ward)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 29 23
 (Name of Month) (Day) (Year)

FATHER Robert Berley MOTHER Leah Adams
 (8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER Pomaria (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 (Year)

(12) BIRTHPLACE Pomaria S.C. (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Leah Adams (15) PRESENT POSTOFFICE OF MOTHER Pomaria (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Year)

(18) BIRTHPLACE Mississippi (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10.0 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Miller (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pomaria

Given name added from a supplemental report Amie
 (26) Witness R. J. Johnson (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Local Registrar R. J. Johnson

*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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.