CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
31362

(1) PLACE OF BIRTH
County of Newberry
Township of .....
or Inc. Town of .....
or City of Newberry (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 34-2 Registered No. 127 (For use of Local Registrar)
(No. Newberry Cot. Mills St. 5 Ward)

2) Full Name of Child Grady Humphries { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet (If answer only in event of Twin or Triplet)	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	Twins	2	Yes	Sept 5 1922

FATHER.

(8) FULL NAME Charles Humphries
(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Saluda Co S.C.
(13) OCCUPATION Cotton Mill Operative
(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann Warren
(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Saluda Co S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9. A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Y. L. Seawell

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report
Oct 4 1922
J. B. Cunningham Registrar

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

(27) Filed Oct 3 1922 (28) J. B. 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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