

(1) PLACE OF BIRTH

County of Newberry
Township of High
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
35720

Registration District No. 3402 Registered No. 118
(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 No name (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? Twins Number in order of birth No. 1 (5) Are Parents Married? yes (7) DATE OF BIRTH Oct 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Speaks
(9) PRESENT POSTOFFICE OF FATHER Kinross S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25
(Year) (12) BIRTHPLACE Newberry Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Jackson
(15) PRESENT POSTOFFICE OF MOTHER Kinross S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
(Year) (18) BIRTHPLACE Newberry Co. S.C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Jackson
(24) State whether Physician or Midwife midwife Address of Physician or Midwife Kinross S.C.

Given name added from a supplemental report

(25) Witness Mary Dorrah
(Signature) Witness necessary only when question 23 is signed by mark

(27) Filed Oct 11 1922 (28) J. Y. Bluff 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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