

(1) PLACE OF BIRTH

County of Newberry
 Township of No. 90
 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
31459

Registration District No. 344.C. Registered No. 86
 (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

1. BOY OR GIRL Boy (4) 1st or 1st (5) Number in order of birth 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 4 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 8. FULL NAME Willie Edward Dominick
 9. PRESENT POSTOFFICE OF FATHER Prospect, S.C.
 10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)
 12. BIRTHPLACE Newberry Co.
 13. OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Margaret Jane Franklin
 (15) PRESENT POSTOFFICE OF MOTHER Prospect, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Year)
 (18) BIRTHPLACE Newberry Co.
 (19) OCCUPATION Housewife

20. Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jacob S. Wheeler
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Prospect, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 9 19 22 (28) W. J. Gibson 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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