

(1) PLACE OF BIRTH

County of NewberryTownship of # 7or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31454

Registration District No. 34100 Registered No. 91
(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

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>y</u>	7) DATE OF BIRTH <u>Sept 11</u> , 19 <u>22</u> (Name) (Month) (Day) (Year)
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FATHER

8) FULL NAME Sebern Stockman9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)12) BIRTHPLACE Newberry Co.13) OCCUPATION Farming14) Number of children born to mother, including present birth 1

MOTHER

14) NAME BEFORE MARRIAGE Marie Mill15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)18) BIRTHPLACE Newberry Co.19) OCCUPATION Housekeeping20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 12:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. B. Lamborn(24) State whether Physician or Midwife (25) Address of Physician or Midwife Prosperity, S.C.

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

(27) Filed cert 9, 1922 (28) M. Sebern Local Registrar

Given name added from a supplemental report

19 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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