

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.
 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 8.

(1) PLACE OF BIRTH

County of Newberry
 Township of #9
 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
19566

Registration District No. 3410... Registered No. 63.....
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 23, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Effie Ambrose Ham</u>			14) NAME BEFORE MARRIAGE <u>Mary Lou Moore</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Little Mountain</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Little Mountain</u>	
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	16) COLOR OR RACE <u>white</u>		
12) BIRTHPLACE <u>S.C.</u>		17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
13) OCCUPATION <u>Farmer</u>			18) BIRTHPLACE <u>S.C.</u>	
			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive.... at 2:15 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Seale

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife M.D. Little Mountain

Given name added from a supplemental report

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

(27) Filed June 23, 1922 (28) M. T. Sibley
 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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