

FORM NO. 7. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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 5.

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

File No.—For State Registrar Only
43796

(1) PLACE OF BIRTH
 County of Newberry
 Township of #7
 or Inc. Town of Newberry
 or City of Newberry (No. ... St.: ... Ward: ...)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 34 Registered No. 187
 (For use of Local Registrar)

(2) Full Name of Child Sam Moten
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH 12 10 22
 (Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Sam Moten
 (9) PRESENT POSTOFFICE OF FATHER Newberry
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Newberry
 (13) OCCUPATION Laborer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Moten
 (15) PRESENT POSTOFFICE OF MOTHER Newberry
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Abbeville SC
 (19) OCCUPATION Domestic
 (20) 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 Alice at 7:30 A. (Born alive or stillborn) (Hour/A. M. or P. M.)
 on the date above stated.

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry SC

Given name added from a supplemental report
 _____, 191...
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec. 13, 1922 (28) S. L. 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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