

MARGIN RESERVED FOR BINDING.
WRITE 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.

(1) PLACE OF BIRTH

County of Newberry
Township of No. 3
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

19548

Registration District No. 34.D.5 Registered No. 15
(For use of Local Registrar)

City of (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 Robert worthy If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 2 6) Are Parents Married? Yes 7) DATE OF BIRTH June 18, 1922
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Robert worthy
9) PRESENT POSTOFFICE OF FATHER Blair
10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 42
(Years)
12) BIRTHPLACE S.C.
13) OCCUPATION Farmer

MOTHER.
14) NAME BEFORE MARRIAGE Martha Allen
15) PRESENT POSTOFFICE OF MOTHER Blair S.C.
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 28
(Years)
18) BIRTHPLACE S.C.
19) OCCUPATION Farming

20) Number of children born to mother, including present birth 2 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancee Henderson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Blair S.C.

Given name added from a supplemental report

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

(27) Filed June 23, 1922 (28) A. H. Maybin 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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