

(1) PLACE OF BIRTH

County of Newberry
Township of # 5
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
31443

Registration District No. 34.07 Registered No. 34
(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 Lucie Long

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

3. BOY OR GIRL girl 4. Twin or Triplet? ✓ 5. Number in order of birth 1 6. Yes Parents Married? yes 7. DATE OF BIRTH Sept 26 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME William Long Jr
9. PRESENT POSTOFFICE OF FATHER Newberry SC
10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 25 (Years)
12. BIRTHPLACE Newberry SC
13. OCCUPATION Farmer work
20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Edith Long
15. PRESENT POSTOFFICE OF MOTHER Newberry SC
16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 20 (Years)
18. BIRTHPLACE Newberry SC
19. OCCUPATION Farmer work
21. 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 alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura A. ...
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry

Given name added from a supplemental report

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

(27) Filed Oct 1st 1922 (28) J. R. Miller 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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