

(1) PLACE OF BIRTH

County of NewberryTownship of Masonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3407

File No. - For State Registrar Only

4693Registered No. 11
(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 Unit Dorothy Briggs If child is not yet named, make supplemental report as directed(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 10, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Briggs(9) PRESENT POSTOFFICE OF FATHER Silver Street(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 22
(Year)(12) BIRTHPLACE Saluda County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Archie Crump(16) PRESENT POSTOFFICE OF MOTHER Silver Street(17) COLOR OR RACE Color (18) AGE AT LAST BIRTHDAY 19
(Year)(19) BIRTHPLACE Newberry County(20) OCCUPATION House Wife(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 at 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary J. Kiser (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness W. H. Kiser (Signature of Witness necessary only when question 22 is signed by mark)(26) Date Feb 20, 1923 (27) File No. 11 (28) Registrar W. H. Kiser

When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.