

(1) PLACE OF BIRTH

County of NewberryTownship of #. 7or
Inc. Town ofor
City of(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

File No.—For State Registrar Only

31452

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3410Registered No. 93
(For use of Local Registrar)

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

3. BOY OR GIRL
Girl4. Twin or Triplet?
No5. Number in order of birth
16. Are Parents Married?
yes7. DATE OF BIRTH Sept 18 1922
(Name) (Month) (Day) (Year)

FATHER.

8. FULL NAME Orlando L. Hinder9. PRESENT POSTOFFICE OF FATHER Prosperity, S.C.10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)12. BIRTHPLACE Newberry Co.13. OCCUPATION Farming20. Number of children born to mother, including present birth 7

MOTHER.

14. NAME BEFORE MARRIAGE Leonora Boggs15. PRESENT POSTOFFICE OF MOTHER Prosperity, S.C.16. COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)18. BIRTHPLACE Newberry Co.19. OCCUPATION Housekeeping21. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Badger, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Prosperity, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 19 1922 (28) W. T. Gibson 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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