

(1) PLACE OF BIRTH

County of FairlingtonTownship of Cherry

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

3906

Registration District No. 1504Registered No. 14
(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 NEWBY BOLBE BOBB

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

(3) SEX OR GIRL?

(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Newby Bobb

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Salesman

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Outborn

(15) PRESENT POSTOFFICE OF MOTHER

Lamar S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

housewife

(20) Number of children born to mother, including present birth

One

(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 alive at 11 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. L. Boykin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/12 1922

(28)

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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