

(1) PLACE OF BIRTH

County of NewberryTownship of No. 1

Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19556

Registration District No. 3428Registered No. 38
(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 Willie Farrow

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

3) SEX OR
AGE?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

Name of Month (Day) (Year)

FATHER

MOTHER

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

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) L. H. Stone, Jr.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife, Newberry S.C.

(26) Witness

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

(27) Date

June 12, 1952(28) S. S. Cunningham

Local Registrar

Given name added from a supplement-
tal report

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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