

## (1) PLACE OF BIRTH

County of Harry  
 Township of Lincoln Creek  
 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

68982

Registration District No. 2599.0Registered No. 92  
(For use of Local Registrar)(2) Full Name of Child Opie Hewette

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No  
 Is he answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 16 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joseph W. Hewette(9) PRESENT POSTOFFICE OF FATHER Longs S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Harry County S.C.(13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Harder(15) PRESENT POSTOFFICE OF MOTHER Longs S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE Harry County S.C.(19) OCCUPATION House wife(20) Number of children born to mother, including present birth 1

(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 born born alive at 4 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Elsie Baker(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Longs R. S. P. 25 C.

Given name added from a supplemental report

(26) Witness J. W. Hewette

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

(27) Filed July 1 1916 (28) J. H. Hargrave 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 required of stillbirths before the fifth month of pregnancy.