

(1) PLACE OF BIRTH

County of PickensTownship of Centralor
Inc. Town of
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 320Registered No. 107
(For use of Local Registrar)CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

16338

(2) Full Name of Child Faith Evangelin Newton St. Ward

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? —(5) Number in order of birth 13(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 27, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Doctor Miles Newton(9) PRESENT POSTOFFICE OF FATHER Central #1(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Pickens Co(13) OCCUPATION Mechanic & Farmer(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Alma Nalley(15) PRESENT POSTOFFICE OF MOTHER Central #1(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 7 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Doctor Miles Newton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Central #1

Given name added from a supplemental report

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

(27) J. H. Brundage (28) J. H. Brundage 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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