

(1) PLACE OF BIRTH

County of YorkMunicipality of Yorkor
In Town ofCity of Newberry S.C.

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

(2) Full Name of Child Charles William If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>1</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>25</u>	(7) DATE OF BIRTH <u>July 13, 1923</u> (Month) (Day) (Year)
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FATHER

(8) FULL NAME James S. Remick(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Newberry S.C.(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Ethel McCall(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE York S.C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at P.M. on the date above stated. (Born alive or stillborn) (Hour 'M. or P.M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Newberry S.C.we affid.

Give name added to a supplemental report

M.S. Woodward, M.D.July 27, 1923

Registrar

(26) Witness

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

(27) Filed Aug 9, 1923(28) R.M. Quertel 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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