

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 18524

18524

County of Newberry

Township of

City of Newberry

Registration District No. 9

Registered No. 10
(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.)

1) Full Name of Child Ruth Lake

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

2) SEX OF CHILD Girl 3) Type of Birth Normal 4) Number in order of birth No 5) Are Parents Married No 6) DATE OF BIRTH January 24, 1923
(Name of Month) (Day) (Year)

FATHER

MOTHER

7) FULL NAME Not given

14) NAME BEFORE MARRIAGE Ethel Lake

8) PRESENT POSTOFFICE OF FATHER Reynolds Hill

15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.

10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years)

16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years) 75

12) BIRTHPLACE

18) BIRTHPLACE Newberry S.C.

13) OCCUPATION

19) OCCUPATION San Laborer

20) Number of children born to mother, including present birth 1

(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 born alive at 8 P. M. on the date above stated. (Born alive or stillborn) Hour M. or P. M.

(23) (Signature) Leola J. Harper (24) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

(25) Witness D. J. Cunningham (Signature of witness necessary only when question 22 is signed by midwife)

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even for a few minutes, it should be registered as a birth. No report is desired of stillbirths or of abortions or of pregnancies.

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