

1. PLACE OF BIRTH

County of Anderson

Township of

or

Twp. Town of Williamston

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17468

Registered No. 36
(For use of Local Registrar)(No. St.; Ward)
If child is born in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Fred Lewis Newton

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

3. BOY OR GIRL

Boy

4. Twin or Triplet?

To be answered only in case of Twins or Triplets

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

June 27, 1922

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Joe Barry Newton

9. PRESENT POSTOFFICE OF FATHER

Williamston

10. COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(Years)

12. BIRTHPLACE

Pickens Co

13. OCCUPATION

Carpenter

14. Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Duncan

(15) PRESENT POSTOFFICE OF MOTHER

Williamston

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Pickens Co

(19) OCCUPATION

House wife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive ... at 4:45 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. T. Ransom

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Williamston

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/8/22 19(28) Delbert Russell

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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