

Fifth month of pregnancy.

(1) PLACE OF BIRTH

County of Newberry

Township of Artistown

Inc. Town or City of Artistown

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19533

(2) Full Name of Child Artistown Registration District No. 3402 Registered No. 60  
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28 1912  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME J. L. Sinclair  
(9) PRESENT POSTOFFICE OF FATHER Artistown  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE partauvurg Co.  
(13) OCCUPATION Mechanics  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Alma Christy  
(15) PRESENT POSTOFFICE OF MOTHER Artistown  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Gaffney S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was above 8:20 A at 8:20 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Brackley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Artistown

Given name added from a supplemental report

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

(27) Filed July 6 1912 (28) R. M. Duckett 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 before the fifth month of pregnancy.

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.