

(1) PLACE OF BIRTH

County of Newberry
 Township of
 or
 Inc. Town of ///
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

31416

Registration District No. 3404Registered No. 5-8
(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.)

(2) Full Name of Child

(3) SEX OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/26/22
 (If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME O. J. Inard
 (9) PRESENT POSTOFFICE OF FATHER Pomaria S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Newberry Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mallie Wicker
 (15) PRESENT POSTOFFICE OF MOTHER Pomaria S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE Newberry Co.
 (19) OCCUPATION Domestic
 (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 Allen At. 3 M.
 on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)

(23) (Signature) J. J. Pomaria
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pomaria S.C.

Given name added from a supplemental report

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

(27) Filed 9/29/22 at /// (28) R. J. Johnson
 Loc. Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make his 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.