

(1) PLACE OF BIRTH

County of Newberry
Township of Moan T. 7
or
Inc. Town of

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

File No.—For State Registrar Only
35748

Registration District No. 3407 Registered No. 63
(For use of Local Registrar)

City of (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) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 13 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 5 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Fred Spearman
(9) PRESENT POSTOFFICE OF FATHER Silver Street
(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 52
(Year)
(12) BIRTHPLACE Newberry County S.C.
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Makedia Lambert
(15) PRESENT POSTOFFICE OF MOTHER Silver Street S.C.
(16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 40
(Year)
(18) BIRTHPLACE Greenwood County S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma F. Mitchell
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Silver Street S.C.

Given name added from a supplemental report
(26) Witness W. N. Sanders (Signature of Witness necessary only when question 23 is signed by mother)
(27) Oct 15 1922 (28) W. N. Sanders 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.