

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

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

3343

185

Registration District No. 9A

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Joseph Adam Newton (No. St. Francis Inf. St. Catharine Ward)

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

(3) BOY OR GIRL

(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

Jan 22 1922

(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

2/1/22

1922

(28) Local Registrar

When there was no attending physician or midwife, then the father, household, 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.

Fifth month of pregnancy

File

Registrar