

PLACE OF BIRTH

County of Newberry

Township of .....

City of Newberry

(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

Registration District X-4-A

No. for Date Registered

18522

Registered No. 78

(For use of Local Registrar)

1) Full Name of Child Samuel Hawthanger

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

2) SEX OR GENDER

(a) Male

Boy

(b) Female

(c) Unknown

To be answered only in case of Twins or Triplets

(d) Age

(e) Date

(f) Birth

(g) Name of Month

(h) Year

June 12, 1913

FATHER.

3) FULL NAME

R. Geo. Hawthanger

4) PRESENT RESIDENCE OF FATHER

Newberry S.C.

5) COLOR OR RACE

Black

(1) AGE AT LAST BIRTHDAY

48

6) BIRTHPLACE

Newberry S.C.

7) OCCUPATION

Carpenter

8) MARRIAGE

Nancy Cronley

9) PRESENT RESIDENCE OF MOTHER

Newberry S.C.

10) COLOR OR RACE

Black

(1) AGE AT LAST BIRTHDAY

39

11) BIRTHPLACE

Newberry S.C.

12) OCCUPATION

School Teacher

13) Number of children born to mother, including present birth

11

(1) Number of children of the mother now living, including present birth

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

14) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated.

(Born alive or stillborn)

(Hour, M. or P. M.)

(15) Signature

Mary J. Hardaway

(16) State whether Physician or Midwife

Midwife

(17) Address of Physician or Midwife

Newberry S.C.

(18) Signature

D. B. Cunningham

(19) Signature of witness necessary only when question 14 is signed by "Mother"

D. B. Cunningham

15) When there was no attending physician or midwife, the report is subject of investigation

16) If a child breathes even once, the report is subject of investigation

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