

(1) PLACE OF BIRTH
County of Hampton
Township of Lawton
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
85983

Registration District No. 2401 Registered No. 88
(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 Mami Sue Newton If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10/18/16
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Richard Newton
(9) PRESENT POSTOFFICE OF FATHER Furman S C
(10) COLOR OR RACE Cobol (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Hampton Co
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Lillian Mary
(15) PRESENT POSTOFFICE OF MOTHER Furman S C
(16) COLOR OR RACE Cobol (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Hampton
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born 4 a. at a. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Harriet L. L. L.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Furman 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 10/18 19 16 (28) W. T. Eccles 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.