

(1) PLACE OF BIRTH

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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31363

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Registered No. 128

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(2) Full Name of Child

Bernice Hubbard

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

(3) SEX

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

E. N. Hubbard

(9) PRESENT RESIDENCE OF FATHER

Helena S. B.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Newberry Co. S. C.

(13) OCCUPATION

Farm Laborer

## MOTHER

(14) NAME BEFORE MARRIAGE

Mabel Rice

(15) PRESENT POSTOFFICE OF MOTHER

Newberry S. C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Newberry S. C.

(19) OCCUPATION

Cook

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

One

(21) Number of children of this mother now living, including present birth

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Clara T. Hamitz

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Helena S. B.

Give name added from a supplemental report

(26) Witness

S. J. Cunningham

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Sept 9, 1922

(28)

S. J. Cunningham 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.

Before the fifth month of pregnancy.