

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Newberry</u> Township of		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 43792
or Inc. (Town) of		Registration District No. <u>34-A</u> Registered No. <u>183</u> (For use of Local Registrar)		
or City of <u>Newberry</u> (No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		If child is not yet named, make supplemental report as directed		
(2) Full Name of Child <u>Iola Newman</u>				
(3) BOY OR GIRL <u>girl</u>	(4) Twin or triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>12 4 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Walter S. Newman</u>			(14) NAME BEFORE MARRIAGE <u>Luile Becker</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Newberry SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Newberry SC</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Newberry SC</u>			(18) BIRTHPLACE <u>Newberry SC</u>	
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Becker

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry SC

Given name added from a supplemental report see afft

(26) Witness

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

(27) Filed Dec 5 1922

(28) S. H. 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.

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