

(1) PLACE OF BIRTH

County of NewberryTownship of # 9or
Inc. Town ofor
City of(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 Mildred LeeFile No.—For State Registrar Only
31455Registration District No. 3410 Registered No. 90
(For use of Local Registrar)(3) SEX OR CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 10 22
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas M. Long(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Newberry Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Warren(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE Newberry Co.(19) OCCUPATION House Keeping(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born at 9 P. M.,
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. L. Barber(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Prosperity, S.C.

Given name added from a supplemental report

(26) Witness W. T. Gibson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 9 1922 (28) W. T. Gibson
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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