

## (1) PLACE OF BIRTH

County of Newberry  
 Township of Moore  
 or  
 Inc. Town of.....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 29451 - For State Register Only

Registration District No. 3407 Registered No. 43  
 (For use of Local Registrar)

St. 1 Ward 3  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child pearlene pith If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet no (5) Number in order of birth no (6) Are Parents Married no (7) DATE OF BIRTH Sept 19 23  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Tomie pith</u>	(14) NAME BEFORE MARRIAGE <u>Betta mitchell</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Chappells, S.C. R#1</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Chappells, S.C. R#1</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE <u>Newberry, S.C.</u>	(18) BIRTHPLACE <u>Newberry, S.C.</u>	(19) OCCUPATION <u>Farm Hand</u>	(20) OCCUPATION <u>Farm Hand</u>
(21) Number of children born to mother, including present birth <u>2</u>	(22) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(24) (Signature) Luella Anderson (25) Address of Physician or Midwife Chappells, S.C. R#1

Given name added from a supplemental report

(26) Witness H. D. Hallingworth (Signature of Witness necessary only when question 23 is signed by parent)

(27) Filed 9-17-23 (28) H. D. Hallingworth Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children born before the fifth month of pregnancy.