

## (1) PLACE OF BIRTH

County of KershawTownship of Summervilleor  
Inc. Town of .....or  
City of Columbia

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

(2) Full Name of Child John William Newman(3) BOY OR GIRL? Boy(4) Twin or Triplet? No

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 15 1922  
(Name of Month) (Day) (Year)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

43053

Registration District No. 27ARegistered No. 91  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

## FATHER.

(8) FULL NAME Joe Newman(9) PRESENT POSTOFFICE OF FATHER Summerville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47  
(Years)(12) BIRTHPLACE Kershaw Co.(13) OCCUPATION Photographer(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Rachel G. Gardner(15) PRESENT POSTOFFICE OF MOTHER Summerville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Kershaw Co.(19) OCCUPATION Home Keeper(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. ...(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife ...

Given name added from a supplemental report

John William Newman  
19 ...  
Registrar

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

(27) Filed Jan 8 1922 (28) W. J. Newman  
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.

BIRTH MONTH OF PREGNANCY.

before the fifth month of pregnancy.