

## (1) PLACE OF BIRTH

County of H. Lawrence

Township of .....

Inc. Town of .....

City of F. Lawrence

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. 40186  
—For State Registrar OnlyRegistration District No. 20-A Registered No. 396  
(For use of Local Registrar)(2) Full Name of Child Baby Newman (If child is not yet named, make supplemental report as directed)3. BOY OR GIRL Boy4. Twin or Triplet -(5) Number in order of birth -(6) Are Parents Married yes(7) DATE OF BIRTH Dec 12 1923

(Name of Month) (Day) (Year)

## FATHER

1. FULL NAME Jake Elbert Newcome2. PRESENT POSTOFFICE OF FATHER Hartsville, S.C.10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Year)12. BIRTHPLACE South Carolina13. OCCUPATION Farmer20. Number of children born to mother, including present birth 8

## MOTHER

(14) NAME BEFORE MARRIAGE Jennie Junita Kelly(15) PRESENT POSTOFFICE OF MOTHER Hartsville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:15 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) P. H. Lawrence(24) State whether Physician or Midwife Physician(25) Signature of Physician or Midwife P. H. Lawrence

Given name added from a supplemental report

(26) Witness

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

(27) Date Dec 20 1923 (28) P. H. Lawrence 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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