

(1) PLACE OF BIRTH

County of Newberry
Township of No. 4
Inc. Town of

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

No. 33263

Registration District No. 9402 Registered No. 106
(For use of Local Registrar)

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 Janna Harold Brock child is not yet named, make supplemental report as directed

(3) SEX OR AGE Boy (4) Type or Term 5th (5) Number in order of birth yes (6) DATE OF BIRTH Sept 24, 23

FATHER.
(7) FULL NAME Engene Brock
(8) PRESENT RESIDENCE OF FATHER Newberry, S.C.
(9) COLOR OR RACE white (10) AGE AT BIRTH 35
(11) BIRTHPLACE Newberry County
(12) OCCUPATION Farmer
(13) Number of children born to mother, including present birth 5

MOTHER.
(14) FULL NAME Bertrude Crane
(15) PRESENT RESIDENCE OF MOTHER Newberry, S.C.
(16) COLOR OR RACE white (17) AGE AT BIRTH 26
(18) BIRTHPLACE Charlotte, N.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was born alive (Born alive or stillborn) (Date A. M. or P. M.)
on the date above stated.

(22) (Signature) Virginia K. Hester (23) Address of Physician or Midwife Newberry S.C. R.F.D.
(24) State whether Physician or Midwife

Given name added from a supplemental report
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19 ..
Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)
(26) Filed Nov 5, 23 (27) R. M. Duncett 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

A F E E T Y A F I L M