

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Newberry
Township of #4
or
Inc. Town of Whitman
or
City of

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

(2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 6, 1922
(Name of Month) (Day) (Year)

St.; Ward)

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

FATHER.

(8) FULL NAME Simfear Faut
(9) PRESENT POSTOFFICE OF FATHER Whitman S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 43
(Years)
(12) BIRTHPLACE Newberry Co
(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Swindle
(15) PRESENT POSTOFFICE OF MOTHER Whitman S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 40
(Years)
(18) BIRTHPLACE Newberry Co
(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Jones

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Whitman S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 12, 1922 (28) R.M. Duckett 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.

Registrar

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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43810

Registration District No. 3402

Registered No. 141
(For use of Local Registrar)