

(1) PLACE OF BIRTH

County of Newberry

Township of

or

The Town of

or

City of Newberry

(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 Health

File No.—For State Registrar Only

39450

Registration District No. 34-A Registered No. 179

(For use of Local Registrar)

(2) Full Name of Child Ben J. Jay, Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE BIRTH Nov 22 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ben J. Jay (14) NAME BEFORE MARRIAGE Willie McEarty(9) PRESENT POSTOFFICE OF FATHER Newberry, S. C. (15) PRESENT POSTOFFICE OF MOTHER Newberry, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S. C. (18) BIRTHPLACE S. C.(13) OCCUPATION mill operator (19) OCCUPATION housewife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 135 P (Hour A. M. or P. M.) on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry, 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 8 1924 (28) [Signature] 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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