

## (1) PLACE OF BIRTH

County of CharlestonTownship of "or Inc. Town of "City of "

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For Sub Registrar

5100

Registration District No. 40Registered No. 66  
(For use of Local Registrar)(No. 500 Ward)

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

(2) Full Name of Child Jametta Newkins If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 2 (6) Age at birth yes (7) DATE OF BIRTH July 7, 1923  
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Fresh Newkins (14) NAME BEFORE MARRIAGE Kitty Allison(9) PRESENT RESIDENCE OF FATHER Charleston, S.C. (15) PRESENT RESIDENCE OF MOTHER Charleston, S.C.(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 20(12) BIRTHPLACE N.C. (18) BIRTHPLACE N.C.(13) OCCUPATION Carpenter (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Day, Month, or P.M.)(23) (Signature) Dr. L. A. Piser

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston, S.C.

Given name of child from a supplemental report

L. A. Piser, M.D.2/16/1944 Registrar

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

(27) Filed 3-1-1923 Yes 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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