

(1) PLACE OF BIRTH

County of *Darlington*

Township of

OF

Inc. Town of *Hanville*

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *1503*

File No. — For State Registrar Only

355651

Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF

BIRTH *Feb 19 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Care W. Newsome

(9) PRESENT POSTOFFICE OF FATHER

Hanville Sc

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Kershaw Co Sc

(13) OCCUPATION

Farmer

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

1 4

MOTHER.

(14) NAME BEFORE MARRIAGE

Theresa Jane King

(15) PRESENT POSTOFFICE OF MOTHER

Hanville Sc

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Darlington Co. Sc

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* *24 Ja* at *24 Ja* M., on the date above stated. Hour A. M. or P. M.)(23) (Signature) *W. E. G. T. Jr.*(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife

Hanville Sc

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Feb 20 1923*(28) *W. E. G. T. Jr.* 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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