

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of 17

or

Inc. Town of .....

or

City of .....

(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

4634

Registration District No. 2709Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Imma Newthorn Jr.

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

(3) BOY  
GIRL Boy(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in event of twins or triplets

(6) Are  
Parents  
Married Yes(7) DATE OF  
BIRTH July 31

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Imma Newthorn(9) PRESENT  
POSTOFFICE  
OF FATHER RFD 3 Box 14(10) COLOR  
OR  
RACE Colord(11) AGE AT LAST  
BIRTHDAY 20  
(Years)(12) BIRTHPLACE Greenville Co(13) OCCUPATION Butler & Lumber Work(14) Number of children born to  
mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Lila Eddings(15) PRESENT  
POSTOFFICE  
OF MOTHER 14(16) COLOR  
OR  
RACE Colord(17) AGE AT LAST  
BIRTHDAY 21  
(Years)(18) BIRTHPLACE Greenville Co(19) OCCUPATION None(20) 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 1020 A. M.,  
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. Wallace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 1084 W. OfficeGiven name added from a supplement-  
tal report

191...

Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Feb 1 1916

(28)

a

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.