

(1) PLACE OF BIRTH

County of AikenTownship of GreggInc. Town of LangleyCity of Langley

(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

17377

Registration District No. V.I. 7A Registered No. 5-6

(For use of Local Registrar)

2) Full Name of Child Caroline Elizabeth Newell If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? girl

(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 June 29 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Luther Newell(9) PRESENT POSTOFFICE OF FATHER Langley(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Spartanburg S.C.(13) OCCUPATION Cotton mill(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Betty(15) PRESENT POSTOFFICE OF MOTHER Langley(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Cleveland Co. N.C.(19) OCCUPATION House wife(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, at 4 o'clock 9 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. W. Spradley(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 25 is signed by mark)

(27) Filed July 5 1922 (28) L. W. Spradley

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.