

NAME OF MOTHER

Name of Newberry.....
Street of No. 4.....
City or Whitmire.....
or

or
or
or

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

Full Name of Child Elizabeth Sprague

(14) Twin or Triple _____ (15) Number in order of birth _____
To be answered only in event of Twins or Triplets

(16) Are Previous Mother yes

(17) In DATE
BIRTH July 7, 1923
(Month) (Day) (Year)

MOTHER.

FATHER.

(18) Full Name Paul E. Sprague
Present Address of Father Whitmire S.C.
in COLOR white (19) AGE AT LAST BIRTHDAY 23
Race
in BIRTHPLACE

(10) NAME BEFORE MARRIAGE Mary Zimmerman
(11) PRESENT POSTOFFICE OF MOTHER Whitmire S.C.
(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 22
(14) BIRTHPLACE Union Co. S.C.
(15) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

No. of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ a.m.,
on the date above stated.

(Born all活的) (Born A.M. or P.M.)

(23) (Signature)
(24) State whether Physician or Midwife

William B. Johnson
Physician (25) Address of physician or midwife
Whitmire, S.C.

Have name added from a supplemental report

(26) Witness

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

(27) Filed July 27, 1923 (28) 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.

If a child breathes even once we report as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.