

(1) PLACE OF BIRTH

County of Newberry

Township of

Loc. Town of

City of Newberry

At 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

12133

Registration District No. 34 A Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child.

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

BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH Feb. 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEImbrose O. Willingham(9) PRESENT
POSTOFFICE
OF FATHERNewberry S.C.(10) COLOR
OF
FACEWhite(11) AGE AT LAST
BIRTHDAY26
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Electrician

MOTHER

(14) NAME BEFORE
MARRIAGEWilla Ruth Miller(15) PRESENT
POSTOFFICE
OF MOTHERNewberry S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY26
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

W. S. Hameel

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianNewberry S.C.Given name added from a supplement-
tal report

101

Registrar

(26) Witness

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

(27) Date

May 9, 1922

(28)

W. S. Hameel

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.When there was no attending physician or midwife, then the father, householder, etc., should make this
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