

## (1) PLACE OF BIRTH

County of *Newberry*  
 Township of *NO*  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. *93282*

Registration District No. *340.8* Registered No. *40*  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Harrell DeWalt* If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD *M* (4) AGE AT BIRTH *41.5* (5) DATE OF BIRTH *Dec 14 1923*  
 (Name of Child) (Sex) (Date)

FATHER (10) FULL NAME *Harrell DeWalt* (14) NAME BEFORE MARRIAGE *Annie Belle Means*

(11) PRESENT RESIDENCE OF FATHER *Newberry SC* (15) PRESENT RESIDENCE OF MOTHER *Newberry SC*

(12) COLOR OF FATHER *Negro* (13) AGE AT LAST BIRTHDAY *28* (16) COLOR OF MOTHER *Negro* (17) AGE AT LAST BIRTHDAY *28*

(18) BIRTHPLACE *South Carolina* (19) BIRTHPLACE *S.C.*

(20) OCCUPATION *Forman of Newberry Cotton Mill* (21) OCCUPATION *House wife*

(22) Number of children born to mother, including present birth *5* (23) Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Date of birth or stillborn) (Time A. M. or P. M.)

(25) (Signature) *Walter H. Russell* (26) Address of Physician or Midwife *Newberry SC*

(27) State whether Physician or Midwife *Physician*

Other names *John H. Russell*

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

(29) *Nov 8 1923* (30) *J. H. Cunningham* 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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