

## (1) PLACE OF BIRTH

County of NewberryTownship of # 10or  
Lat. Town of.....or  
City of.....

(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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 6, 1922  
(Month) (Day) (Year)(8) FULL NAME F. Keister Counts(9) PRESENT POSTOFFICE OF FATHER Prosperity(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Fl.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Agnes Long(15) PRESENT POSTOFFICE OF MOTHER Prosperity(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Fl.(19) OCCUPATION Housewife(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 alive at 7:30 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert Sease(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Little Mountain

Given name added from a supplemental report

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

(27) Filed Oct 10 1922 (28) Robert Sease  
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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