

(1) PLACE OF BIRTH

County of Newberry
Township of R 8
or
Inc. Town of
or
City of

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

Registration District No. 3406

File No.—For State Registrar Only
29448

Registered No. 24
(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 Isaac Halia Longshore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No To be covered only in event of Twin or Triplet (5) Are Parents Married? Yes (6) DATE OF BIRTH Sep 21 1923 (Name of month) (Day) (Year)

FATHER.
(8) FULL NAME Hugh Farley Longshore
(9) PRESENT POSTOFFICE OF FATHER Newberry R 7 S.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)
(12) BIRTHPLACE Newberry Co.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Emmie Pearl Livingstone
(15) PRESENT POSTOFFICE OF MOTHER Newberry R 7 S.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)
(18) BIRTHPLACE Newberry Co.
(19) OCCUPATION Dom. W.
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:40 P.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) R. L. Mayes
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry S.C.

(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 1923 (28) H. L. Bonduelle 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.

Registrar [Signature]
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