

(1) PLACE OF BIRTH

County of Newberry

Township of R 8

Inc. Town of

City of

(If 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

29448

Registration District No. 3406

Registered No. 246
(For use of Local Registrar)

(2) Full Name of Child James Halia Longshore

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

(3) BOY OR GIRL Girl
(4) Twin or Triplet? To be covered only in event of Twins or Triplets
(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Apr 21 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hugh Farley Longshore

(9) PRESENT POSTOFFICE OF FATHER Newberry R.F.D.

(10) COLOR OR RACE Wht? (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Newberry Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Pearl Livingston

(15) PRESENT POSTOFFICE OF MOTHER Newberry R.F.D.

(16) COLOR OR RACE Wht. (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) BIRTHPLACE Newberry Co.

(19) OCCUPATION W.H.K.

(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 born at 1:40 P.M., born alive or stillborn (Hour, M. or P. M.)
on the date above stated.

(23) (Signature) R. L. Mayer

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Newberry Co.

(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. Bonwell 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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