

## (1) PLACE OF BIRTH

County of SumterTownship of Goanor  
Inc. Town ofor  
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  
**24117**Registration District No. 4108 Registered No. 127  
(For use of Local Registrar)(2) Full Name of Child Pinchay Morrell Newman 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 11, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John X Newman(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Bill Floyd(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 A.M.  
(Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) T. P. Littlejohn(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter, S.C.

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

(27) Filed 5/15/22 (28) C. R. B. B. Local Registrar

Given name added from a supplemental report

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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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