

(1) PLACE OF BIRTH

City of Newberry

Township of .....

In Town of Newberry

Or of .....

If child arrives 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

31258

Registration District No. 34-A Registered No. 123

(For use of Local Registrar)

2 Full Name of Child

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

(3) SEX OF CHILD Male (4) Twin or triplet? No (5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH Sep. 5th 1912  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jesse Willie White(9) PRESENT RESIDENCE OF FATHER Newberry S.C.(10) AGE AT LAST BIRTHDAY 26 (Years)(11) BIRTHPLACE Newberry S.C.(12) OCCUPATION Farmer(13) Number of children born to father, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Lou Hunter(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Newberry S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Alive at 4 A.M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Dr. M. J. Mayes(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Newberry S.C.

Does name added from a supplemental report

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

(26) Date Sept 13 1912 (27) Dr. J. Cunningham Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If at least breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Before the fifth month of pregnancy.