

(1) PLACE OF BIRTH

County of *Hershaw*Township of *Hershaw*

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

69029

Registration District No. *2901*Registered No. *136*
(For use of Local Registrar)(2) Full Name of Child *Annie Belle Newman*

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

(3) ~~BOY OR~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in case of Twins or Triplets

(6) Age
Parents
Married?(7) DATE OF
BIRTH *June 16 1906*

Name of Month (Day) (Year)

FATHER

(8) FULL
NAME *Arthur Henry Newman*(9) PRESENT
POSTOFFICE
OF FATHER *Columbia SC*(10) COLOR
OR
RACE *White* (11) AGE AT LAST
BIRTHDAY *25*
(Years)(12) BIRTHPLACE *Hershaw SC*(13) OCCUPATION *Farming*(14) Number of children born to
father, including present birth *3*

MOTHER

(14) NAME BEFORE
MARRIAGE *Mrs. Alex. Newman*(15) PRESENT
POSTOFFICE
OF MOTHER *Columbia SC #3*(16) COLOR
OR
RACE *White* (17) AGE AT LAST
BIRTHDAY *25*
(Years)(18) BIRTHPLACE *Hershaw SC*(19) OCCUPATION *Farming*(20) Number of children of the mother
now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *6 a.m.*
on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Willie Newman*

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplement-
tal report*on file Newman*(25) Witness *Willie Newman*(Signature of Witness necessary only
when question 22 is signed by mother)(26) Filed *June 16 1906* (27) *Willie Newman*
Local RegistrarWhen 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.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 1.
McCoy of Columbia