

(1) PLACE OF BIRTH

County of Newberry
 Township of # 2
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39512

Registration District No..... Registered No.....
 (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 Agnes Gary (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 17 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Griffin Gary

(9) PRESENT POSTOFFICE OF FATHER Kinards

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Year)

(12) BIRTHPLACE Newberry Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Holding

(15) PRESENT POSTOFFICE OF MOTHER Kinards

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Year)

(18) BIRTHPLACE Newberry Co

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Missie Burke

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kinards Rd

Given name added from a supplemental report

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

(27) Filed Nov 16 1922 (28) G. P. Miller 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.