

(1) PLACE OF BIRTH

County of Newberry

Township of

or
Inc. Town of Little Mt.or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 3401 (6) Are Parents Married? yes (7) DATE OF BIRTH July 28 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Counts
(9) PRESENT POSTOFFICE OF FATHER Little Mt.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Saw mill hand
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Matthews
(15) PRESENT POSTOFFICE OF MOTHER Little Mt.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) J.C. Seave(23) State whether Physician or Midwife M.D.(24) Address of Physician or Midwife Little Mt., S.C.

Given name added from a supplemental report

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

(26) Filed Aug 10 1923 (27) Elizabeth Seave 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.

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

File No.—For State Registrar Only
21937

Registered No. 32
(For use of Local Registrar)