

(1) PLACE OF BIRTH

County of Jasper
 Township of Bechtelung
 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

1652

Registration District No. 2601 Registered No. 7
 (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 Margaret Newton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 8, 22
 (Specify of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME James Newton
 (9) PRESENT POSTOFFICE OF FATHER Garrisonville, SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 50
 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Saw Mill Laborer

MOTHER

(14) NAME BEFORE MARRIAGE Victoria Youmans
 (15) PRESENT POSTOFFICE OF MOTHER Gillsville, SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 40
 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION House wife
 (20) Number of children born to mother, including present birth 15
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) James Wade(24) State whether Physician or Midwife midwifeAddress of Physician or Midwife Crosswatches, SC

Given name added from a supplemental report:

(25) Witness

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

(26) Filed

1/18, 22

(27)

R. L. N. Pickett

*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.

RECEIVED OF COLUMBIA, S. C.
 REGISTRATION DISTRICT NO. 2601
 JASPER COUNTY, S. C.
 JAN 10 1922
 STATE OF SOUTH CAROLINA
 BUREAU OF VITAL STATISTICS
 STATE BOARD OF HEALTH