

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Date of

to Day of

to Newberry

(No. Newberry Cotton Mill St. Ward)

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

* 1 Name of Child

1 (1) Twin
or Triplet? (2) Number in
order of birth
If born in a set of Twins or Triplets

FATHER.

Tom Lee Dryford

Newberry, S.C.

AGE AT LAST BIRTHDAY 31 (Years)

SEX Male

OCCUPATION Cotton Mill Operative

Number of children ever born, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1:50 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Newberry, S.C.

* same added from a supplemental report

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Registrar

If 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.

If a child breathes even once, make this return.
Fifth month of pregnancy. No report is desired of stillbirths
before the fifth month of pregnancy.

File No.—For State Registrar Only

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