

(1) PLACE OF BIRTH

County of DarlingtonTownship of Civilor
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1512

File No.—For State Registrar Only

42047Registered No. 6
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Port Newman

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 2, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Burton Dubose(9) PRESENT POSTOFFICE OF FATHER McBee St R-2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Nell Newman(15) PRESENT POSTOFFICE OF MOTHER McBee St R-2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Jones(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McBee St

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 4, 23 (28) M. J. M. Kasper 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.