

(1) PLACE OF BIRTH

County of NewberryMunicipality of # 8

Town of _____

Ward of _____

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

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

File No. — For State Registrar Only

12179

Registration District No. 3406Registered No. 3

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

Full Name of Child _____

(4) BOY OR GIRL Boy

(4) Twin or Triplet? _____

(5) Number in order of birth _____

(6) AA Parents Married Yes(7) DATE OF BIRTH Jan. 25, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W A Joy(9) PRESENT POSTOFFICE OF FATHER Newberry, S. C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Newberry, S. C.(13) OCCUPATION Housekeeping(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Davenport(15) PRESENT POSTOFFICE OF MOTHER Newberry, S. C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Newberry, S. C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 A. M. (Hour & M. or P. M.) (Born alive or stillborn)(23) (Signature) John J. Dominick

(24) State whether Physician or Midwife (25) Address of Physician or Midwife _____

Give name added from a supplemental report _____

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Registrar

(26) Witness _____

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

(27) Filed May 10, 1922(28) N L Bonluare

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.

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