

## (1) PLACE OF BIRTH

County of Newberry

Township of .....

Inc. Town of .....

City of Newberry

(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

Registration District No. 74-ARegistered No. 35

(For use of Local Registrar)

## (2) Full Name of Child

Robert Williams

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

1) BOY OR GIRL Boy 2) Sex Male 3) Number in order of birth 1  
To be entered only in case of Twins or Triplets4) Age 1 5) DATE Feb 18 1923  
BIRTH (Name of Month) (Day) (Year)

## FATHER.

6) FULL NAME Robert Williams7) PRESENT POSTOFFICE OF FATHER Newberry S.C.8) COLOR OR RACE Black 9) AGE AT LAST BIRTHDAY 9 (Year)10) BIRTHPLACE Newberry S.C.11) OCCUPATION Labour Pressing Club12) Number of children born to mother, including present birth One

## MOTHER.

13) NAME BEFORE MARRIAGE Bertha Mance14) PRESENT POSTOFFICE OF MOTHER Newberry S.C.15) COLOR OR RACE Black 16) AGE AT LAST BIRTHDAY 20 (Year)17) BIRTHPLACE Newberry S.C.18) OCCUPATION Wash19) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Caroline T. Brown (25) Address of Physician or Midwife Newberry S.C.

(26) Given name added from a supplemental report

(27) Witness J. S. Cunningham (Signature of Witness necessary only when question 23 is signed mark)(28) Date Feb 24 1923 (29) J. S. Cunningham 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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.