

## (1) PLACE OF BIRTH

County of Newberry Co.Township of North

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

91049

Registration District No. 3401 Registered No. 44  
(For use of Local Registrar)

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

2) Full Name of Child. Novia...Eugenia...Heater If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME C. E. Fickler(9) PRESENT POSTOFFICE OF FATHER Newberry Co.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Newberry Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Long(15) PRESENT POSTOFFICE OF MOTHER Newberry Co.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Newberry Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5:30 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) T. A. Dumas(24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry Co.

Given 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 Jan 10, 1917 (28) W. A. Counts 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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