

(1) PLACE OF BIRTH

County of DeerfieldTownship of Shelburn

or

Inc. Town of

or

City of

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

(2) Full Name of Child W. M. Newman

File No.—For State Registrar Only

63205

Registered No. 24
(For use of Local Registrar)St. Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 16, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME	(14) NAME BEFORE MARRIAGE <u>Jesse White</u>
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Wade, S. C.</u>
(10) COLOR OR RACE	(16) COLOR OR RACE <u>Negro</u>
(11) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>
(12) BIRTHPLACE	(18) BIRTHPLACE <u>Span, S. C.</u>
(13) OCCUPATION	(19) OCCUPATION <u>Farmer's daughter</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Betty X Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Wade, S. C.

Given name added from a supplemental report

(26) Witness James T. White
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 24, 1916 (28) main father
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.