

(1) PLACE OF BIRTH

County of Newberry
 Township of # 7
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31449

Registration District No. 3410Registered No. 96
(For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3 BOY OR GIRL Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH Sept 23, 22
 (Name) (Month) (Day) (Year)

FATHER.

8 FULL NAME Geo. P. Pester
 9 PRESENT POSTOFFICE OF FATHER Newberry Co
 10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 29
 12 BIRTHPLACE Newberry Co
 13 OCCUPATION Farming

MOTHER.

14 NAME BEFORE MARRIAGE Eva May. Nichols
 15 PRESENT POSTOFFICE OF MOTHER Newberry
 16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 30
 18 BIRTHPLACE Newberry Co.
 19 OCCUPATION House Keeping

20 Number of children born to mother, including present birth 321 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 at 5:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. B. Blanton, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Cooper City, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 9, 1922 (28) W. T. Gilson 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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