

## (1) PLACE OF BIRTH

County of Newberry  
Township of Myor  
Loc. Town of My  
orCity of My  
(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

35753

Registration District No. 3408 Registered No. 72  
(For use of Local Registrar)(2) Full Name of Child. William Earl (No. St.; Ward)  
If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet? No  
To be answered only in case of twins or triplets(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 20 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Earl(9) PRESENT POSTOFFICE OF FATHER My(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE My(13) OCCUPATION My(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE My(15) PRESENT POSTOFFICE OF MOTHER My(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE My(19) OCCUPATION My(20) 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 alive at My (Born alive or stillborn) (Hour M. or P. M.)  
on the date above stated.(23) (Signature) My(24) State whether Physician or Midwife My (25) Address of Physician or Midwife My

Given name added from a supplemental report

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Registrar

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

(27) Filed Nov 10 1922 (28) My 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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