

(1) PLACE OF BIRTH

County of Newberry

Township of

In Town of

City of Newberry

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

(2) Full Name of Child

3 SEX OF CHILD Male 4 Type of Triplet - 5 Number in order of birth 1

To be answered only in case of Twins or Triplets

FATHER

6 FULL NAME W. H. Smith7 PRESENT POSTOFFICE OF FATHER Newberry8 COLOR OR RACE White 9 AGE AT LAST BIRTHDAY 24 (Years)10 BIRTHPLACE S. C.11 OCCUPATION Farmer12 Number of children born to father, including present birth 6

CERTIFICATE OF BIRTH

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

Registration District No. 14-9 Registered No. 93(No. 14-9 St. 1 Ward) (For use of Local Registrar)

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

13 DATE OF BIRTH July 28 1923
(Name of Month) (Day) (Year)

MOTHER

14 NAME BEFORE MARRIAGE Miss E. E. Smith15 PRESENT POSTOFFICE OF MOTHER Newberry16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 25 (Years)18 BIRTHPLACE S. C.19 OCCUPATION Housewife20 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Date July 28, M. or P. M.) on the date above stated.(22) (Signature) W. H. Smith(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Newberry, S. C.

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Date July 28 1923 (27) Local Registrar W. H. Smith

When there was no attending physician or midwife, when 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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