

(1) PLACE OF BIRTH

County of Newberry  
 Township of # 5  
 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

31441

Registration District No. 3409 Registered No. 28  
 (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 Bertha Robt. Wilson

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

3. BOY OR GIRL girl 4. Twin or Triplet? ✓ 5. Number in order of birth 6 6. Are Parents Married? no 7. DATE OF BIRTH Sept 7 19 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Joe Robt  
 9. PRESENT POSTOFFICE OF FATHER Kenards SC  
 10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 52 (Years)  
 12. BIRTHPLACE Union Co  
 13. OCCUPATION Farming  
 14. Number of children born to mother, including present birth 6

MOTHER.

14. NAME BEFORE MARRIAGE Annie Wilson  
 15. PRESENT POSTOFFICE OF MOTHER Kenards SC  
 16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 33 (Years)  
 18. BIRTHPLACE Newberry Co  
 19. OCCUPATION Farming  
 20. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Bertha Robt. Wilson, at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Brooks  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kenards SC

Given name added from a supplemental report

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

(27) Filed Sept 10 19 22 (28) J. R. Miller 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.