

Form No. 1

## (1) PLACE OF BIRTH

County of NewberryTownship of 2or  
Inc. Town of .....

City of .....

# **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

File No. — For State Registrar Only  
**21934**

Registration District No. 34.00 Registered No. 23  
 (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 Arthur Dan Renwick If child is not yet named, make supplemental report as directed

3 SEX OR GUY girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH July 24, 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 8 FULL NAME John Renwick  
 9 PRESENT POSTOFFICE OF FATHER Newberry S.C.  
 10 COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 20 (Year)  
 12 BIRTHPLACE S.C.  
 13 OCCUPATION Farming  
 14 NAME BEFORE MARRIAGE Victoria Caldwell  
 15 PRESENT POSTOFFICE OF MOTHER Newberry S.C.  
 16 COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 16 (Year)  
 18 BIRTHPLACE S.C.  
 19 OCCUPATION Farming  
 20 Number of children born to mother, including present birth 1  
 21 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 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clara Cannon (24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry S.C. Rte 6

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Aug 1, 1923 (27) Filed ..... 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.