

1 (1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
20414

County of Newberry S.C.

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

Township of

or
Inc. Town of

Registration District No. 34-1st Registered No. 131
(For use of Local Registrar)

or
City of Newberry S.

(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 James William Orsate (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet To be answered only in event of Twin or Triplet 5) Number in order of birth 2 6) Are Parents Married Yes 7) DATE OF BIRTH 9-14-23
(Month of Month) (Day) (Year)

FATHER.
8) FULL NAME John William Orsate
9) PRESENT POSTOFFICE OF FATHER Newberry S.C.
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 28
(Years)
12) BIRTHPLACE Newberry Co. S.C.
13) OCCUPATION mill man
20) Number of children born to mother, including present birth 2

MOTHER.
14) NAME BEFORE MARRIAGE Louise Bentley
15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 22
(Years)
18) BIRTHPLACE Union Co. S.C.
19) OCCUPATION Domestic
21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 am. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Ch. E. Lake
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 1st 1923 at Newberry S.C. 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 stillborns before the fifth month of pregnancy.