

## (1) PLACE OF BIRTH

County of Newberry...Township of Na.....

Inc. Town of.....

City of.....

(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

29456

Registration District No. 3428 Registered No. 81.....  
(For use of Local Registrar)(No. 11 Highline St. 1 Ward)(2) Full Name of Child Willie Suber If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH Sept 8 1923  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Suber(9) PRESENT POSTOFFICE OF FATHER Newberry, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Newberry, S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Idella Griffin(15) PRESENT POSTOFFICE OF MOTHER Newberry, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Newberry, S.C.(19) OCCUPATION Farm Laborer(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 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wardine Harwood(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry, S.C.

(Given name added from a supplemental report)

(26) Witness W. S. Cunningham (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 10 1923 (28) W. S. Cunningham 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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