

(1) PLACE OF BIRTH

County of Newberry
Township of # 3
or
Inc. Town of
or
City of

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

No. for State Registrar Only
21963

Registration District No. 3405 Registered No. 9
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

(2) Full Name of Child Remander Maybrie If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Any known diseases	(7) DATE OF BIRTH <u>July 6, 1923</u> (Month of birth) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Glen Maybrie</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Dankeir</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Blair, S. Car.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blair, S. Car.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u># 2</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)		
(12) BIRTHPLACE <u>S. Car.</u>			(16) BIRTHPLACE <u>S. Car.</u>	
(13) OCCUPATION <u>Farming</u>			(18) OCCUPATION <u>House wife</u>	
(19) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Becca Byrd
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Blair, S. Car.

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed July 10, 1923 (28) P. B. Whitney
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.