

PLACE OF BIRTH

CERTIFICATE

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STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19542

(1) PLACE OF BIRTH

County of

Newberry

Township of

Haley

City of

Registration District No. 3403

Registered No. 24

(For use of Local Registrar)

City of

(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

Lelf, Donna Waldrup.

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

(3) Sex

Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 23

1922

FATHER.

(8) NAME

James Clarence Waldrup

(9) PRESENT POSTOFFICE OF FATHER

Newberry Se R.F.D.

(10) COLOR

Wht

(11) AGE AT LAST BIRTHDAY

32

(12) RACE

Wht

(13) BIRTHPLACE

Newberry Co.

(14) OCCUPATION

Farmer

(15) Number of children born to mother, including present birth

Six

MOTHER.

(16) NAME BEFORE MARRIAGE

Vesta Hart

(17) PRESENT POSTOFFICE OF MOTHER

Newberry Se R.F.D.

(18) COLOR OR RACE

Wht

(19) AGE AT LAST BIRTHDAY

29

(20) BIRTHPLACE

Newberry Co.

(21) OCCUPATION

H.W.K.

(22) Number of children of this mother now living, including present birth

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was alive at birth (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature)

R. L. May Jr.

(25) Address of Physician or Midwife

Newberry Se.

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed June 20, 1922

(29) 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.