

PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15113

In Town of

Registration District No. 3902

Registered No. 17

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same (instead of street and number.)

Full Name of Child

Luth. Elizabeth Newton

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

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age at Birth

(7) DATE

BIRTH

Mar. 13, 23

(Name of Month) (Day) (Year)

FATHER

James Preston Newton

MOTHER

NAME

MARRIAGE

PRESENT

POSTOFFICE

OF MOTHER

COLOR

OR RACE

BIRTHPLACE

OCCUPATION

Number of children of this mother now living, including present birth

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Address of Physician or Midwife

(27) Address of Physician or Midwife

(28) Address of Physician or Midwife

(29) Address of Physician or Midwife

(30) Address of Physician or Midwife

(31) Address of Physician or Midwife

(32) Address of Physician or Midwife

(33) Address of Physician or Midwife

(34) Address of Physician or Midwife

(35) Address of Physician or Midwife

(36) Address of Physician or Midwife

(37) Address of Physician or Midwife

(38) Address of Physician or Midwife

(39) Address of Physician or Midwife

(40) Address of Physician or Midwife

(41) Address of Physician or Midwife

(42) Address of Physician or Midwife

(43) Address of Physician or Midwife

(44) Address of Physician or Midwife

(45) Address of Physician or Midwife

The same added from a supplemental report

191....

Registrar

(26) Witness

(Signature of Witness necessary only when question 26 is signed by mark)

(27) Filed

3730

(28) 1923

(29) 1923

(30) 1923

(31) 1923

(32) 1923

(33) 1923

(34) 1923

(35) 1923

(36) 1923

(37) 1923

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(50) 1923

(51) 1923

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(55) 1923

(56) 1923

(57) 1923

(58) 1923

(59) 1923

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the 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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