

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Abbeville  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. for State Registrar Only  
**12536**

Registration District No. 100 Registered No. 28  
 (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 Harry Evans Newell

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? Yes (7) DATE OF BIRTH May 14 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur Newell  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C. R.F.D.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Sophie Hagan  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (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 5:30 M., on the date above stated. (born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) J. E. Pressley M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Abbeville S.C.

Given name added from a supplemental report

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

(27) Filed May 16 1923 (28) J. E. Pressley 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. If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.