

FORM NO. 1

(1) PLACE OF BIRTH

County of Newberry
 Township of Caldwell #2

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registration Only

69581

Inc. Town of or
 City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 3400 Registered No. 18
 (For use of Local Registrar)

(2) Full Name of Child Athina Luber

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

| | | | | |
|--|---|---------------------------------------|---|---|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> <small>If so, specify in order of birth</small> | (5) Number in order of birth <u>3</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Jan 28 1916</u> <small>(Month & Day & Year)</small> |
| FATHER | | | MOTHER | |
| (8) FULL NAME <u>Anderson Luber</u> | | | (14) NAME BEFORE MARRIAGE <u>Bessie Linn</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Newberry</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Newberry</u> | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small> | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small> | |
| (12) BIRTHPLACE <u>Newberry</u> | | | (18) BIRTHPLACE <u>Newberry</u> | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Housewife</u> | |
| (20) 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 born at 6 on the date above stated.
(Born alive or stillborn)

(23) (Signature) Athina Caldwell
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry S.C.

Give names of persons called to report

(26) Witness E. H. ...

(27) E. H. ...

When there was no attending physician or midwife, when the child is born in a hospital or other institution, the report is obtained from the person in charge of the institution.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. H.—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 2.

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