

(1) PLACE OF BIRTH

County of Kewbury

Township of

or
Inc. Town ofCity of Kewbury

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29416

Registration District No. 34Registered No. 134
(For use of Local Registrar)(No. 421—Cornelia St.; 1 Ward)(2) Full Name of Child Anna Normathons If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married Y (7) DATE OF BIRTH Sept. 23 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>P. V. Harris</u>	(14) NAME BEFORE MARRIAGE <u>Blanche Baker</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Kewbury SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kewbury SC</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Photographer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) E. O. Henry(24) State where Physician or Midwife Physician(25) Address of Physician or Midwife Kewbury SC

Given name added from a supplemental report

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

(27) Filed Oct. 3 1923 (28) Local Registrar E. O. Henry

*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.

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