

PLACE OF BIRTH
County of Lexington
Township of

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

File No. — For State Registrar Only
52981

City of Newberry (No. R.F.D.) Registration District No. 380 Registered No. 3105
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

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

BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? no (7) DATE OF BIRTH Jan 30 1911
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER
FULL NAME Unknown

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE — (11) AGE AT LAST BIRTHDAY — (Years)

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Virginia M. Lybrand

(15) PRESENT POSTOFFICE OF MOTHER Newberry R.F.D.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Lexington S.C.

(19) OCCUPATION mail operator

(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) W. E. Lybrand

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 1533 Assembly St.

Given name added from a supplemental report

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

(27) Filed 1911 (28) Local Registrar J. E. Lybrand

If 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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