

1. PLACE OF BIRTH  
 County of Jackson  
 Township of .....  
 or  
 Town of .....  
 or  
 City of Newark (No. R.F.D.)  
 (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  
52981

Registration District No. 380 7105 Registered No. 380 7105  
 (For use of Local Registrar)  
 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 ..... } 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 1948  
To be answered only in event of twins or triplets  
 (Name of Month) (Day) (Year)

**FATHER.**  
 13. FULL NAME Unknown  
 14. PRESENT POSTOFFICE OF FATHER .....  
 15. COLOR OR RACE ..... (16) AGE AT LAST BIRTHDAY ..... (Years)  
 17. BIRTHPLACE .....  
 18. OCCUPATION .....  
 19. Number of children born to mother, including present birth 1

**MOTHER.**  
 20. NAME BEFORE MARRIAGE Virginia M. Lybrand  
 21. PRESENT POSTOFFICE OF MOTHER Newark R.F.D.  
 22. COLOR OR RACE white (23) AGE AT LAST BIRTHDAY 22 (Years)  
 24. BIRTHPLACE Jackson SC  
 25. OCCUPATION mail operator  
 26. Number of children of this mother now living, including present birth 0

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 27. 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.)  
 (28) (Signature) W. Williams  
 (29) State whether Physician or Midwife Physician (30) Address of Physician or Midwife 1533 Assembly St.

Given name added from a supplemental report ..... 191 .....  
 Registrar

(31) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....  
 (32) Filed 191 (33) J. L. Lybrand Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

\*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.

City  
 strar)  
 Ward)  
 take  
 ted  
 str-  
 Year)  
 M.,  
 M.)  
 wife