

(1) PLACE OF BIRTH

County of *Newberry*

Township of

Inc. Town of

City of *Newberry*

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

(2) Full Name of Child

Mary Elizabeth Stowers

File No.—For State Registrar Only

39460

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *34-2* Registered No. *180*

(For use of Local Registrar)

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE BIRTH *Dec 78*

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

C. V. Stowers

(9) PRESENT POSTOFFICE OF FATHER

Newberry, S. C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42 (Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Merchandise

(14) Number of children born to mother, including present birth

7

MOTHER

(14) NAME BEFORE MARRIAGE

Mary English

(15) PRESENT POSTOFFICE OF MOTHER

Newberry, S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32 (Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Domestic

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

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *7 P.M.* (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed *Dec 8, 1922*(28) *S. L. Cunningham* 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.

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