

## (1) PLACE OF BIRTH

County of

Newberry

Township of

Newberry

or

Inc. Town of

Pomaria R.D.

or

City of

(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

49960

Registration District No. 3 X.O.X. Registered No. 3

(For use of Local Registrar)

SL; (Ward)

## (2) Full Name of Child

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

(3) ~~BOY OR~~  
GIRL?(4) Twin  
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL  
NAME

Shady Suher

(14) NAME BEFORE  
MARRIAGE

Minnie DeWalt

(9) PRESENT  
POSTOFFICE  
OF FATHER

Pomaria R.D.

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Pomaria R.D.

(10) COLOR  
OR  
RACE

Black

(11) AGE AT LAST  
BIRTHDAY

38

(Years)

(16) COLOR  
OR  
RACE

Black

(17) AGE AT LAST  
BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Newberry Co.

(18) BIRTHPLACE

Newberry Co.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

5

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis C. Connelley

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

Midwife Pomaria R.D.

Given name added from a supplement  
report

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Registrar

(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Feb. 8, 1916. (28) R. J. Johnson  
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.

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

N. B.—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 5.

McCaw, of Columbia