

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31381

Registration District No. 14-2-Q

Registered No. 148  
(For use of Local Registrar)

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

(3) SEX OR  
GIRL

Boy

(4) Twin  
or Triplet?

✓

(5) Number in  
order of birth

1

(6) Are  
Parents  
Married?

✓

(7) DATE OF  
BIRTHSept. 29, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Dorcas Morn

(9) PRESENT  
POSTOFFICE  
OF FATHER

Newbury SC

(10) COLOR  
OR  
FACE

White

(11) AGE AT LAST  
BIRTHDAY26  
(Years)

(12) BIRTHPLACE

Newbury Co SC

(13) OCCUPATION

Employed Express Co.

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Ethel Sligh

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Newbury SC

(16) COLOR  
OR  
FACE

White

(17) AGE AT LAST  
BIRTHDAY26  
(Years)

(18) BIRTHPLACE

Newbury Co SC

(19) OCCUPATION

Housewife

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

E. O. Hunt

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Newbury SC

Give name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 22 is signed by mark)

(27) Filed

Oct. 3, 1922

(28)

S. C. 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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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