

## (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.)

Registration District No. *4th A* Registered No. *49*.....

(For use of Local Registrar)

(2) Full Name of Child *Dorothy Alice Counts*.....

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number of children	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>March 27, 1923</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Conelin Adam Counts*(9) PRESENT RESIDENCE *Newberry, S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *38* (Years)(12) BIRTHPLACE *Prospert, S.C.*(13) OCCUPATION *Carpenter*(14) Number of children born to mother, including present birth *17*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Minnie Gertrude Alenine*(15) PRESENT RESIDENCE *Newberry, S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *34* (Years)(18) BIRTHPLACE *Newberry, S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *11*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *S. C.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Francis S. Moore* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Newberry, S.C.*

Given name added from a supplemental report

*P. Darby*  
*July 2, 1923*  
Registrar

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

(27) Filed *April 23, 1923* (28) *S. S. 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.

before the fifth month of pregnancy.

MAKING SEPARATE FOR BIRTHING.

WRITE PLAINLY. WITH UPWARDING INSTRUCTIONS IN A PREPARATORY RECORD.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc. In question 8.

BOARD OF HEALTH, COLUMBIA, S. C.