

CERTIFICATE OF BIRTH

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STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — for Sub Registrar only

410

29

City of Charleston

County of

In Town of Registration District No. 9 A Registered No.

at Charleston, S.C. (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Martha Lee Newton If child is not yet named, make supplemental report as directed

(1) SEX girl (2) TIME 7 (3) DATE Dec 7
(4) TWIN OR TRIPLE? X (5) ORDER OF BIRTH X (6) AGE yes (7) BIRTH Dec 7
(8) MARRIED? yes (9) (Name of Month) (Day) (Year)

FATHER.
(10) NAME BEFORE MARRIAGE Harvey Newton
(11) PRESENT ADDRESS 95-B President St. Charleston S.C.
(12) COLOR White (13) AGE AT LAST BIRTHDAY 35
(14) BIRTHPLACE Greenville Georgia
(15) OCCUPATION Auditor for Tractor Co
(16) Number of children born to mother, including present birth 2

MOTHER.
(17) NAME BEFORE MARRIAGE Mary Kate Alexander
(18) PRESENT ADDRESS 95-B President St. Charleston S.C.
(19) COLOR White (20) AGE AT LAST BIRTHDAY 37
(21) BIRTHPLACE New Liberty Kentucky
(22) OCCUPATION Wife
(23) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, (Name of child) (Hour A. M. or P. M.) on the date above stated.

(24) (Signature) [Signature]
(25) State of South Carolina (26) Address of Physician or Midwife 277 Calhoun St

Has child added from a supplemental report
..... 100.....
.....
.....
Registrar

(27) Witness (Signature) [Signature]
(28) Filed 1/1/23 (29) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the mother even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.