

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. 1.—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.

REG. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Christiansburg</u>		STATE OF SOUTH CAROLINA		3701	
Township of <u>Int. (Highway)</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>6205</u>		Registered No. <u>12</u>	
or				(For use of Local Registrar)	
City of <u>Albany, Davidson County, N.C.</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Ward .....	
(2) Full Name of Child <u>not named</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Age Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 17, 1922</u>	(8) (Name of Month) (Day) (Year)
FATHER			MOTHER		
(9) FULL NAME <u>O. B. Honeycutt</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Jane Lick</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Priddy, N.C. #1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Priddy, N.C. #1</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u>			(17) AGE AT LAST BIRTHDAY <u>22</u>		
(12) BIRTHPLACE <u>N.C.</u>			(18) BIRTHPLACE <u>L.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>P. M. Newsome</u>					
(24) State whether Physician or Midwife <u>Phys.</u> (25) Address of Physician or Midwife <u>Priddy, N.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>Feb. 25, 1922</u> (28) <u>O. B. Redden</u> 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.					

DR. R. M. NEWSOM

PHYSICIAN AND SURGEON

RUBY, SOUTH CAROLINA

6-10-39

To Whom It May Concern:-

This is to certify that I attended the delivery of

Mr. Alma Derwood Huneycutt on Feb. 17th 1922.

# 3701 (1922)

Sworn to befor me this 10 Day  
June 1939

Respectfully,

*J. S. Timmons*  
Notary Public for South Carolina.

*R. M. Newsom*  
R. M. Newsom, M. D.