

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.

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of Cherokee  
 Township of Wm. McPherson  
 or  
 Inc. Town of .....

Registration District No. 6205 Registered No. 12  
 (For use of Local Registrar)

City of Alsea Industrial Highway, S.C. ..... Ward  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child** not named

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

File No.—For State Registrar Only  
**3701**

**(3) BOY OR GIRL** Boy **(4) Twin or Triplet?** ..... **(5) Number in order of birth** ..... **(6) Are Parents Married?** yes **(7) DATE OF BIRTH** Feb. 17, 22  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**

**(8) FULL NAME** O. B. Ameycutte  
**(9) PRESENT POSTOFFICE OF FATHER** Roby, S.C. #1  
**(10) COLOR OR RACE** white **(11) AGE AT LAST BIRTHDAY** 22 (Years)  
**(12) BIRTHPLACE** N.C.  
**(13) OCCUPATION** Farming  
**(20) Number of children born to mother, including present birth** 2

**MOTHER**

**(14) NAME BEFORE MARRIAGE** Lizzie Jane Seeks  
**(15) PRESENT POSTOFFICE OF MOTHER** Roby, S.C. #1  
**(16) COLOR OR RACE** white **(17) AGE AT LAST BIRTHDAY** 22 (Years)  
**(18) BIRTHPLACE** S.C.  
**(19) OCCUPATION** Housework  
**(21) Number of children of this mother new living, including present birth** 12

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

**(22) I hereby certify that I attended the birth of this child, who was** born alive 22 Feb. 1922  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

**(23) (Signature)** P. M. Newsome  
**(24) State whether Physician or Midwife** Phys. **(25) Address of Physician or Midwife** Roby, S.C.

Given name added from a supplemental report

**(26) Witness** ..... (Signature of Witness necessary only when question 23 is signed by mark)  
**(27) Filed** Feb. 25 1922 **(28)** P. B. Redden 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.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

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 before me this 10 Day  
June 1939

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

Respectfully,

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