

(1) PLACE OF BIRTH

County of Newberry

Municipality of

In Town of

City of Newberry

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31361

Registration District No. 34-1-9 Registered No. 126
(For use of Local Registrar)City of Newberry Newberry Cotton Mills St. 5 Ward 5Full Name of Child Sulee Humphries { If child is not yet named, make supplemental report as directed(4) Twin or triplet Thru (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 5 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carrus Humphries(9) PRESENT RESIDENCE OF FATHER Newberry S.C.(10) AGE AT LAST BIRTHDAY 34 (Years)(11) BIRTHPLACE Sumter Co. S.C.(12) OCCUPATION Iron Mill Foreman(13) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann Manning(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Saluda Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8:20 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. L. L. L.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry S.C.

Give name added from a supplemental report

J. H. L. L. L.J. H. L. L. L.J. H. L. L. L.

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

(27) Filed Oct 3 1922 (28) J. H. L. L. L. 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.

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