

(1) PLACE OF BIRTH

County of Spartanburg  
Township of .....  
or  
Inc. Town of .....  
or  
City of 111

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

9049

Registration District No. 40-A Registered No. 110  
(For use of Local Registrar)

City of 111 St.: ..... Ward)  
If birth occurred in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child William McArthur Newton (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH 7-27-22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Dr. H.M. Newton  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Year)  
(12) BIRTHPLACE Essex, N.C.  
(13) OCCUPATION doctor  
(14) Number of children born to father, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Patience Mcmurry  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Year)  
(18) BIRTHPLACE Shelby, N.C.  
(19) OCCUPATION housewife  
(20) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(21) I hereby certify that I attended the birth of this child, who was alive at 9:40 at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. J. Coan, M.D. (23) Address of Physician or Midwife Spartanburg, S.C.  
(24) State whether Physician or Midwife Physician

Other name added from a supplemental report  
M. B. H. - M. D.  
6/3/43 19 23  
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Gas Caples  
(26) Filed 4-1-22 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, or other person 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.