(1) PLACE OF BIRTH

County of Newberry

Township of No. 1

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
31436

Registration District No. 3408 Registered No. 65
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child J. D. Lathrop

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

(3) BOY OR GIRL?	(4) Twin or triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy			Yes	Sept.	19	1922

FATHER.

(8) FULL NAME Joseph Lathrop

(9) PRESENT POSTOFFICE OF FATHER Newberry S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Newberry S C.

(13) OCCUPATION Farm Laborer

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Field

(15) PRESENT POSTOFFICE OF MOTHER Newberry S C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Greenville S C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 1.30 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amelia T. Speed M.D.

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry S C

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Sept. 30. 1922 (28) B. B. Cunningham J.
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.