

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
N. B.—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		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health				28973	
County of <u>Barnwell</u>		Registration District No. <u>509</u>		Registered No. <u>43</u>	
Township of <u>Reel Creek</u>				(For use of Local Registrar)	
OF					
Inc. Town of <u>Swelling</u>					
OF					
City of <u>Swelling</u>		(No. St. Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>J. I. Solomon</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 <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept 24 1902</u>	
To be answered only in case of Twin or Triplet				(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>Not known</u>	(14) NAME BEFORE MARRIAGE <u>Leebore Solomon</u>				
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell</u>				
(10) COLOR OR RACE	(16) COLOR OR RACE <u>negro</u>				
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years)				
(12) BIRTHPLACE	(18) BIRTHPLACE <u>Barnwell Co</u>				
(13) OCCUPATION	(19) OCCUPATION <u>Farming</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>2</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> at <u>3 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Bella Lee Ray</u>					
(24) State whether Physician or Midwife <u>Midwife</u> Address of Physician or Midwife					
Given name added from a supplemental report					
(25) Witness <u>W. B. Parker</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(26) Filed <u>Sept 30 1902</u> (27) <u>Mr Parker</u> Local Registrar					
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.					