

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 6.

(1) PLACE OF BIRTH

County of Charleston
 Township of Summerville
 or
 Inc. Town of Summerville
 or
 City of Summerville

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

File No. — For State Registrar Only
42136

Registration District No. 17A... Registered No. 75
 (For use of Local Registrar) St.; Ward)

(2) Full Name of Child David Eugene Barnes
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be checked only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 11</u> 19 <u>22</u> (Name of month) (Day) (Year)
FATHER. (8) FULL NAME <u>Marion E. Barnes</u> (9) PRESENT POSTOFFICE OF FATHER <u>Summerville, S.C.</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>46</u> (Years) (12) BIRTHPLACE <u>St. George, S.C.</u> (13) OCCUPATION <u>Logging Foreman</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>E. W. C. Payle</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Summerville, S.C.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>36</u> (Years) (18) BIRTHPLACE <u>Summerville, S.C.</u> (19) OCCUPATION <u>Housewife</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 born alive at 11:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Philip D. Pappas
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Physician, Summerville, S.C.

Given name added from a supplemental report

(26) Witness Dr. J. H. ...
 (Signature of Witness necessary only when question 23 is signed in mark)
 (27) Date June 11, 1922
 (28) Registrar C. D. ...

When there was no attending physician or midwife, the father, mother, etc., should make a return. If a child breathes even once, the report is desired. If a child is born dead, a report is desired of stillbirths.

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