

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 8.

MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Laurin
Township of Laurin
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
30989

Registration District No. 7901 Registered No. 110
(For use of Local Registrar)

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

(2) Full Name of Child Arthur Barnes

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 3, 22
(Name of month) (Day) (Year)

FATHER FULL NAME Lucy Barnes MOTHER NAME BEFORE MARRIAGE Jessie Jones

(9) PRESENT POSTOFFICE OF FATHER Laurin S.C. (15) PRESENT POSTOFFICE OF MOTHER Laurin S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30
(Year)

(12) BIRTHPLACE Laurin S.C. (18) BIRTHPLACE Laurin S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 16 (21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. on the date above stated. (Normal or stillborn) (Hour, M. or P. M.)

(23) (Signature) Man M. M. M. (24) Stated whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurin S.C.

Given name added from a supplemental report

(26) Witness Dr. P. M. M. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 15, 22 (28) P. M. M. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.