

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
City of

(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 Maragret Barnes

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet? No

(5) Number in order of birth 2

(6) Are Parents Married? No

(7) DATE OF BIRTH Sept 24, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Barnes

(9) PRESENT POSTOFFICE OF FATHER Clintonville SC

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 20

(12) BIRTHPLACE SC

(13) OCCUPATION labor

(14) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Rasmell

(15) PRESENT POSTOFFICE OF MOTHER Same

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 75

(18) BIRTHPLACE SC

(19) OCCUPATION labor

(20) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. De Sisto

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Clintonville SC

Given name added from a supplemental report

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

(27) FUG Sept 30, 22 (28) W. De Sisto 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.