

(1) PLACE OF BIRTH

County of Marlboro
 Township of Bennettsville
 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

43703

Registration District No. 3301 Registered No. 177
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 9</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ledney Bares
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE Swansea, S.C.
 (13) OCCUPATION Cotton Mill hand
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bulah Cooper
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE Bennettsville, S.C.
 (19) OCCUPATION Mill hand
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at... 8 ...M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hammah Thomas
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec. 1 1922 (28) Thos. A. N. Pote
 Registrar 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.