

(1) PLACE OF BIRTH

County of Darlington

Township of

or
Inc. Town of Hartsvilleor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41947

Registration District No. 1573 Registered No. 136
(For use of Local Registrar)

(2) Full Name of Child..... { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 8, 1922</u> (Name of Month) (Day) (Year)
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FATHER.
(8) FULL NAME J. H. Barbee(9) PRESENT POSTOFFICE OF FATHER Hartsville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Telegraph Operator(14) Number of children born to mother, including present birth { 4MOTHER.
(14) NAME BEFORE MARRIAGE Kate Brown(15) PRESENT POSTOFFICE OF MOTHER Hartsville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 4:43 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) William R. Geyer(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hartsville SC

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed Dec 15 22 191..... (28) M. H. Hager 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.

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