

(1) PLACE OF BIRTH

County of Union

Township of

or
Inc. Town ofCity of Union

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

(2) Full Name of Child

Vodes Barnes

File No.—For State Registrar Only

32550

Registration District No. 42Registered No. 122
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>7/7/22</u> (Name of Month) (Day) (Year)
-----------------------------	--	------------------------------	------------------------------------	---

FATHER

(8) FULL NAME Vodes Barnes(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION merchandising(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Ernest H. Capineral(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Spaulding S.C.(19) OCCUPATION Homemaker(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Union S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. H. H. H. H. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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

(27) Filed 10-10-22 (28) H. H. H. H. H. 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.