

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">7727</div>
County of <u>Charleston</u>				Registration District No. <u>2209 B</u>		Registered No. <u>103</u>
Township of <u>"</u>				(For use of Local Registrar)		
City of <u>Beaufort</u>				St. <u>4</u>		Ward <u>"</u>
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)						
(2) Full Name of Child <u>Francis Earl Bare</u>				If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 11, 1922</u> <small>(Name of Month) (Day) (Year)</small>		
FATHER.				MOTHER.		
(8) FULL NAME <u>William Albert Bare</u>				(10) NAME BEFORE MARRIAGE <u>Lida Isabel Gough</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Beaufort</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort</u>		
(12) COLOR OR RACE <u>N.</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>		(16) COLOR OR RACE <u>N.</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>		
(13) BIRTHPLACE <u>S.P.</u>				(18) BIRTHPLACE <u>S.P.</u>		
(14) OCCUPATION <u>Taxider.</u>				(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>				(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE						
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>Beaufort</u> on the date above stated. <small>(Born alive or stillborn) (House A. M. or P. M.)</small>						
(23) (Signature) <u>J. P. [Signature]</u>				(24) Address of Physician or Midwife <u>Mrs. [Signature]</u>		
(25) State whether <u>Physician or Midwife</u>				(26) Address of Physician or Midwife <u>Mrs. [Signature]</u>		
Given name added from a supplemental report _____ _____ _____				(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Mar. 6, 1922</u> (28) Full Name of Witness <u>Mrs. [Signature]</u>		

*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.