

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell  
 or  
 Township of Barnwell  
 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

28935

Registration District No. 501Registered No. 43  
(For use of Local Registrar)

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

(2) Full Name of Child J. P. Frederick

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Leon Frederick  
 (9) PRESENT POSTOFFICE OF FATHER Martin S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22  
 (Year) (12) BIRTHPLACE Barnwell S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Dumber  
 (15) PRESENT POSTOFFICE OF MOTHER Martin S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22  
 (Year) (18) BIRTHPLACE Barnwell S.C.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Allen Dumber(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Barnwell 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 Oct 10 22

19

(28)

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCGAW OF COLUMBIA, COLUMBIA, S. C.