

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
 Township of Wach  
 or  
 Inc. Town of Wach  
 or  
 City of Wach

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
609

Registration District No. 94 Registered No. 3  
 (For use of Local Registrar)

(2) Full Name of Child Barbara Reelard

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

(a) SEX OR CHILD Girl (b) Type of Infant Full Term (c) Number in order of birth 1 (d) Age of Mother 20 (e) Date of Birth Jan 12 1915 (f) Month of Birth Jan (g) Year 1915

FATHER  
 (1) FULL NAME Barth Reelard  
 (2) PRESENT RESIDENCE OF FATHER Wach, S.C.  
 (3) COLOR OR RACE Black (4) AGE AT LAST BIRTHDAY 31  
 (5) BIRTHPLACE Wach  
 (6) OCCUPATION Labour  
 (7) Number of children born to mother, including present birth 1

MOTHER  
 (1) NAME BEFORE MARRIAGE Barth Reelard  
 (2) PRESENT RESIDENCE OF MOTHER Wach, S.C.  
 (3) COLOR OR RACE Black (4) AGE AT LAST BIRTHDAY 30  
 (5) BIRTHPLACE Wach, S.C.  
 (6) OCCUPATION Home Wife  
 (7) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) Sarah Campbell (30) Name whether Physician or Midwife Midwife (31) Address of Physician or Midwife Wach, S.C.

Given name added from a supplemental report  
 (32) Witness (Signature of Witness necessary only when question 28 is signed by mark)  
 (33) Signed 19 (34) 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.