

County of Barren  
Township of Greenleaf  
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  
3182

Registration District No. 513 Registered No. 12  
(For use of Local Registrar)  
(No. .... St.; .... Ward)  
(Institution, give name of same instead of street and number.)

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

3. BOY OR GIRL? Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Age Parents Married? Yes 7. DATE OF BIRTH May 21, 1922  
(Name of Monk) (Day) (Year)

FATHER.		MOTHER.	
(1) FULL NAME	<i>Wm George</i>	(14) NAME BEFORE MARRIAGE	<i>Lizzie Pearson</i>
(8) PRESENT POSTOFFICE OF FATHER	<i>Winston NC</i>	(15) PRESENT POSTOFFICE OF MOTHER	<i>Winston NC</i>
(10) COLOR OR RACE	<i>W</i>	(16) COLOR OR RACE	<i>W. pro</i>
(11) AGE AT LAST BIRTHDAY	<i>26</i> (Years)	(17) AGE AT LAST BIRTHDAY	<i>21</i> (Years)
(12) BIRTHPLACE	<i>W</i>	(18) BIRTHPLACE	<i>NC</i>
(13) OCCUPATION	<i>Farmer</i>	(19) OCCUPATION	<i>Wife and Kitchen Helper</i>
(20) Number of children born to father, including present birth	<i>1</i>	(21) Number of children of this mother now living, including present birth	<i>11</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Michael J. McLaughlin  
(24) State whether Physician or Midwife Physician or Midwife  
McLaughlin West, N. H. T.

Given name added from a supplemental report

(26) Witness *[Signature]*  
(Signature of Witness necessary only when question 25 is signed by marks)

(27) Filed *[Signature]* 19 *[Signature]* 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.