

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Blacksville  
 or  
 Inc. Town of .....

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

No. 2908—For State Register Only

Registration District No. 5.A.4 Registered No. 4  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth ..... (6) Are Parents Married Yes (7) DATE OF BIRTH Jan. 21, 1923  
 To be answered only in case of Twin or Triplet (Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Arguati  
 (9) PRESENT POSTOFFICE OF FATHER Blacksville  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Blacksville  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Butler  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Date Feb. 1, 1923 (28) H. H. Harrison

When there was no attending physician or midwife, then the father, householder, or other person must sign. If a child breathes even once, it must not be reported as stillborn. No record is to be made before the fifth month of pregnancy.

MARCH 1923  
 VOTED PLAINLY, WITH UNPAID IM-PLIES IN A PERMANENT MANNER, AND IN THE CASE OF VOTERS OR TRAILERS AND A NEW STATE BOARD FOR MAJOR COUNTY, NO. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.