

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27493

Registration District No. 9A Registered No.

(For use of Local Registrar)

(2) Full Name of Child Mary Frances Bardin

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

(3) SEX Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15 1927

FATHER.

(8) FULL NAME Thomas Joseph Bardin

(9) PRESENT POSTOFFICE OF FATHER Ellora S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Ellora S.C.

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Katherine Walker

(15) PRESENT POSTOFFICE OF MOTHER Ellora S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:15 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 27 1927 [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.

City of Columbia