

(1) PLACE OF BIRTH

County of Barnesburg
 Township of West Potomac
 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
9995

Registration District No. 403 Registered No. 27
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 20 22
 (Name of Month) (Day) (Year)
 To be answered only in event of Twin or Triplet

FATHER

(8) FULL NAME Henry Howard
 (9) PRESENT POSTOFFICE OF FATHER Branchville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Year)
 (12) BIRTHPLACE Barnesburg Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Wingo
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Year)
 (18) BIRTHPLACE Barnesburg Co
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Liza Ross
 (24) State whether Physician or 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) Filed 5/8

12 22

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, or should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.