

(1) PLACE OF BIRTH

County of Abbeville
 Township of Lowndesville
 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

28469

Registration District No. Registered No. 67
 (For use of Local Registrar)

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

(2) Full Name of Child Harold Lester

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 12 1922
 (Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Ernest P. Barnes
 (9) PRESENT POSTOFFICE OF FATHER Lowndesville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Painter
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Wright
 (15) PRESENT POSTOFFICE OF MOTHER Lowndesville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Year)
 (18) BIRTHPLACE A.C.
 (19) OCCUPATION Housewife
 (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 born at M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) James Black
 (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 Oct 10th 1922 (28) J. M. H. H. H. 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.