

(1) PLACE OF BIRTH

County of Windsburg
 Township of Windsburg
 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

32665

Registration District No. 4306 Registered No. 51
 (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 Sadie Barnes

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 29 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm McKinley Barnes
 (9) PRESENT POSTOFFICE OF FATHER Kingstree S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Year)
 (12) BIRTHPLACE Clarendon Co S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Reade
 (15) PRESENT POSTOFFICE OF MOTHER Kingstree S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE Clarendon Co S.C.
 (19) OCCUPATION House wife
 (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 alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elvira Fulton
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingstree S.C.

Given name added from a supplemental report

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

(27) Filed Oct 9 1922 (28) J. T. Francis 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.