

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH LEADING INK.—THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Marlboro</u>		STATE OF SOUTH CAROLINA		5014	
Township of <u>Chambersville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of.....		Registration District No. <u>3301</u>		Registered No. <u>3</u>	
or				(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 <u>Mamie Barrington</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 20 22</u>	
To be answered only in event of Twins or Triplets					
FATHER			MOTHER		
(8) FULL NAME <u>Sam Barrington</u>			(14) NAME BEFORE MARRIAGE <u>Shadie Stubbs</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bennettsville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bennettsville S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u>	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>20</u>	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>			
(13) OCCUPATION <u>Working</u>			(19) OCCUPATION <u>Domestic Labor</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)					
(23) (Signature) <u>Alma M. McCall</u>		(25) Address of Physician or Midwife <u>McCall</u>			
(24) State whether 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) File <u>July 26 22</u> (28) <u>A. L. Newton</u> 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.