

(1) PLACE OF BIRTH

County of Barnwell
 Township of Blackville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 10.—For this Register
2908

Registration District No. 5.A.4. Registered No.
 (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 Ruby L. Agard If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age From Marriages Yes (7) DATE OF BIRTH Jan. 6, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Hagood
 (9) PRESENT POSTOFFICE OF FATHER Blackville
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pew
 (15) PRESENT POSTOFFICE OF MOTHER Blackville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION S.C.

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... Alive.... at 11 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 Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

When there are two or more witnesses, the name of each must be given.

Ruby L. Agard Jan. 6, 1923