

MARGIN RESERVED FOR RECORDING
 STATE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 USE OF THIS FORM ON TRIPLETS OR A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
 Township of Hunter
 or
 Inc. Town of
 or
 City of Clinton
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35215

Registration District No. 2913 Registered No. 85
 (For use of Local Registrar)

(2) Full Name of Child Marcellas Barr

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 Oct. 7, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Joe Barr
 (9) PRESENT POSTOFFICE OF FATHER Kinards S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm work
 (20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Jaene Kinards
 (15) PRESENT POSTOFFICE OF MOTHER Kinards S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm work
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lena K. Martin
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. L. H. Bailey
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 14, 1922 (28) J. L. H. Bailey
 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.