

## (1) PLACE OF BIRTH

County of Richland  
 Township of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**31959**

Inc. Town of ..... Registration District No. 55 Registered No. 1755  
 (For use of Local Registrar)  
 City of Camp Jackson (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 Margaret Freda Barsh If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 26 1922  
 (Name of Month) (Day) (Year)

## FATHER

8) FULL NAME Frederick W. Barsh

9) PRESENT POSTOFFICE OF FATHER Columbia

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
 (Years)

12) BIRTHPLACE Columbia, SC

13) OCCUPATION Carpenter

14) Number of children born to mother, including present birth 4

## MOTHER

14) NAME BEFORE MARRIAGE Annie E. Hinson

15) PRESENT POSTOFFICE OF MOTHER Columbia

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
 (Years)

18) BIRTHPLACE Kershaw Co., SC

19) OCCUPATION House wife

20) 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 12:55 A.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 (25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

[Signature]  
 Registrar

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

(27) Filed 1-2-23 1922 (28) 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.