

(1) PLACE OF BIRTH

County of Barnwell
 Township of Barnwell
 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
24840

Registration District No. 301 Registered No. 26
 (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 Mesaura M. H. H. H. If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl 4. Twin or Triplet? — 5. Number in order of birth — 6. Are Parents Married? Y 7. DATE OF BIRTH May 9 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
8. FULL NAME <u>Luther H. H.</u>	14. NAME BEFORE MARRIAGE <u>Viola Hutto</u>	9. PRESENT POSTOFFICE OF FATHER <u>Ans. H.C.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Ans. H.C.</u>
10. COLOR OR RACE <u>White</u>	16. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>18</u> (Years)	17. AGE AT LAST BIRTHDAY <u>19</u> (Years)
12. BIRTHPLACE <u>Barnwell Co. S.C.</u>	18. BIRTHPLACE <u>Barnwell Co. S.C.</u>	13. OCCUPATION <u>Tanner</u>	19. OCCUPATION <u>House Wife</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... Barnwell... at 11... A.M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Barnwell S.C.

Give name added from a supplemental report

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

(27) Filed June 10 1922 (28) M. F. Kirkland 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.