

(1) PLACE OF BIRTH

County of

Barnwell

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

Blue Pond

Inc. Town of

or

or

City of

Registration District No.

505

Registered No.

85-

(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

Lizzie Hagwood

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?

Yes

(7) DATE OF BIRTH

Dec 1, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Hagwood

(9) PRESENT POSTOFFICE OF FATHER

Luray R.F.D. #1

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Luray

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Tillard

(15) PRESENT POSTOFFICE OF MOTHER

Luray R.F.D. #1

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Lena

(19) OCCUPATION

Housewife

(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 *born* at *3 a* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Phyllis B. or

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Barton H.*

Given name added from a supplemental report

191

(26) Witness

M. D. Rode

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

(27) Filed

Dec 1, 1916

(28)

J. A. Rouse

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.