

(1) PLACE OF BIRTH

County of SabulaTownship of 7th

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3602 Registered No. 17
(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 Not named (If child is not yet named, make supplemental report as directed)(3) SEX OR Male (4) Type Full (5) Number to 1 (6) Age (7) DATE OF April 16, 1923
BIRTH (Month of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Matthew Barnes</u>	(10) NAME BEFORE MARRIAGE <u>MacBelle Hazle</u>	(9) PRESENT RESIDENCE OF FATHER <u>Sabula S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Sabula S.C.</u>
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>32</u>	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>29</u>
(16) BIRTHPLACE <u>Sabula S.C.</u>	(17) BIRTHPLACE <u>Sabula S.C.</u>	(18) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn.) (Hour A. M. or P. M.)(23) (Signature) Midwife(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sabula S.C.

Given name added from a supplemental report

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

(27) Filed April 17, 1923 (28) J. O. Chapman 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.

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