

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOCCAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of SaludaTownship of #2or
Inc. Town ofor
City of

(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

Registration District No. 3901

File No.—For State Registrar Only

23764

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

{ If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 17, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Bryson Gill Barnes</u>			14) NAME BEFORE MARRIAGE <u>Shady Jones</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Batesburg</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Batesburg</u>	
10) COLOR OR RACE <u>Black</u>	11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	16) COLOR OR RACE <u>Black</u>		
12) BIRTHPLACE <u>Saluda Co</u>		17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
13) OCCUPATION <u>Farmer</u>		18) BIRTHPLACE <u>Saluda Co</u>		
20) Number of children born to mother, including present birth <u>3</u>		19) OCCUPATION <u>House Wife</u>		
21) Number of children of this mother now living, including present birth <u>3</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Gibson(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Batesburg 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 19

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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