

## (1) PLACE OF BIRTH

County of Gloucece

Township of .....

or  
Inc. Town of Glouceceor  
City of Gloucece S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gabriel Henry Barnwell (No. Baudens Memorial Hosp. Ward)

File No.—For State Registrar Only

22090

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 20-A Registered No. 204

(For use of Local Registrar)

Child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>First</u>	(6) Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6-29-22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Frank Henry Barnwell(9) PRESENT POSTOFFICE OF FATHER Gloucece S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 yrs (Years)(12) BIRTHPLACE Adamsville S.C.(13) OCCUPATION Real Estate(20) Number of children born to mother, including present birth First

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Chasant Hugg(15) PRESENT POSTOFFICE OF MOTHER Gloucece S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 yrs (Years)(18) BIRTHPLACE Gloucece S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth First

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour) (P.M.)(23) (Signature) H. J. M. Barnwell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gloucece S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 21 1922 (28) C. C. Gaffney Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.