

(1) PLACE OF BIRTH

County of ColletonTownship of Blakeor
Inc. Town of

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

File No. — For State Registrar Only

29751

Registration District No. 1402

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Frank Barnwell, Jr. } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 17, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Barnwell(9) PRESENT POSTOFFICE OF FATHER White Hall S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Col. Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Green(15) PRESENT POSTOFFICE OF MOTHER White Hall S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Col. Co. S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 a. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Balinda Graham(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife White Hall 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 Sept. 30, 1922 (28) B. G. H. H. H. 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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