

RECAP OF COLUMBIA, S. C.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Albemarle
 Township of Beggs
 OR
 Inc. Town of Graniteville
 OR
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20677

Registration District No. 2-5 Registered No. 24
 (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 Alma Myrtis Barley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Y</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>July 24, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Edw Barley</u>	(14) NAME BEFORE MARRIAGE <u>Offie Heasterbee</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Graniteville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Graniteville SC</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Albemarle</u>	(18) BIRTHPLACE <u>Albemarle</u>	(13) OCCUPATION <u>mill operator</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. E. Marshall
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Graniteville SC

Given name added from a supplemental report

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

(27) Filed Aug 1st 1922 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.

Registrar Local Registrar.
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Dr. P. Ashcraft