

(1) PLACE OF BIRTH

County of Marion
 Township of Rich Bluff
 or
 Inc. Town of McCall
 or
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar
33195

Registration District No. 3305Registered No. 201
(For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nathan Burnett Barnes
(If child is not yet named, make supplemental report as directed)

(3) Sex Boy (4) Twin or triplet No (5) Number by order of birth 1 (6) Age at birth 0 (7) DATE OF BIRTH Sept 8, 23
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Clide Barnes (9) PRESENT RESIDENCE OF FATHER McCall SC (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (12) BIRTHPLACE Roberson Co NC (13) OCCUPATION Cotton mill work
 MOTHER. (14) FULL NAME Anulah Stone (15) PRESENT RESIDENCE OF MOTHER McCall SC (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (18) BIRTHPLACE Harry Co SC (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. H. H. H.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife McCall SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 5, 23

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.