

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Barnwell
 or
 Inc. Town of Barnwell
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

37279

Registration District No.

Registered No.
(For use of Local Registrar)

City of (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 Arthur E. Samuels [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 6 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Walter Samuels
 (9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Year)
 (12) BIRTHPLACE Barnwell S.C.
 (13) OCCUPATION Day Labourer
 (14) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Mamie Green
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE Barnwell S.C.
 (19) OCCUPATION Day Labourer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Holman(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Barnwell 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 Nov 11 1922(28) N. F. Kirkman

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.