

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor Inc. Town of Greenvilleor City of Greenville

(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

55983

Registration District No. 22 A... Registered No. 163

(For use of Local Registrar)

St. 5 Ward 5(2) Full Name of Child Unnamed 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 one (6) Are Parents Married? yes (7) DATE OF BIRTH April 26 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Warren Henry Barbados(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Laurens S. C.(13) OCCUPATION Restaurant prop.(14) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Henrietta Grant(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Cross Hill, S.C.(19) OCCUPATION Teacher and seamstress(20) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born alive 5:20 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(22) (Signature) midwife Mrs. James Ware

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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..... Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by parent)

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..... 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

McGaw, of Columbia.