

(1) PLACE OF BIRTH

County of Marion
 Township of Amherst

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
15935

Inc. Town of Registration District No. 3301 Registered No. 55
 or
 City of (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 Jessie Barber If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL A (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3 24 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Barber
 (9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Wm. Co. S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Turner
 (15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Marion Co. S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (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 born at 9:10 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Barber
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report

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

(27) File 15 (28) Mar 30 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.

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