

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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 1.

Model of Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar	
County of <u>Barnwell</u>		STATE OF SOUTH CAROLINA		31740	
Township of <u>Litchfield</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>402</u>		Registered No. <u>42</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.		Ward	
(2) Full Name of Child <u>Joseph Lays</u>					
If child is not yet named, make supplemental report as directed					
(3) <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>11/9/23</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Daniel Lays</u>			(14) NAME BEFORE MARRIAGE <u>Mary Lays</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Barnwell</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell S.C.</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY			(17) AGE AT LAST BIRTHDAY		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was ... <u>Alive</u> ... at ... <u>9</u> ... M., on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Maggie Earles Darius</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Barnwell S.C.</u>					
Given name added from a supplemental report			(26) Witness		
.....			(Signature of Witness necessary only when question 25 is signed by mother)		
..... 19 ... Registrar			(27) Filed <u>11/26</u> ... 28		
(28) <u>J. L. ...</u>					

*When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.