

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—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 5.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Laurens
Township of Clinton
or
Inc. Town of Clinton
City of Clinton

(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

15570

Registration District No. 29B

Registered No. 43
(For use of Local Registrar)

(No. 20 Davis St.; 0 Ward)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 6 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Richmond Barnes

(9) PRESENT POSTOFFICE OF FATHER Clinton SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 76 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Loom fixer

(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Vita Paul Talley

(15) PRESENT POSTOFFICE OF MOTHER Clinton SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Va

(19) OCCUPATION Domestic

(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 at 34.5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. W. Bailey

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Clinton SC

Given name added from a supplemental report

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

(27) Filed May 6 22 (28) J. J. W. Bailey 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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Make
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24
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P.M.
P.M.
Midwife
C
PAR.
MIL