

(1) PLACE OF BIRTH

County of Charleston
Township of St. P. St. M.
or
Inc. Town of.....
or
City of.....

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

No. 3280

Registration District No. 909 Registered No. 19
(For use of Local Registrar)
(No. 9 Mile St.; Ward)

(2) Full Name of Child Joseph Barnwell If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 2, 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME John Barnwell
(9) PRESENT POSTOFFICE OF FATHER North Charleston
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22 (Year)
(12) BIRTHPLACE Charleston Co.
(13) OCCUPATION Laborer at Stand. Oil

MOTHER
(14) NAME BEFORE MARRIAGE Celia Moulton
(15) PRESENT POSTOFFICE OF MOTHER North Charleston
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23 (Year)
(18) BIRTHPLACE Sineath S. C.
(19) OCCUPATION House work
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2 a.m. on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(22) (Signature) Celia Nelson
(23) State whether Physician or Midwife Midwife (24) Address of Phys. or Midwife 9 Mile

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by phys.)
Feb 12, 1923 (26) L. J. Myers Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a still birth even case, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.