

(1) PLACE OF BIRTH

County of Richland
 Township of Loul
 or
 Inc. Town of
 or
 City of Eastover

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16540

Registration District No. 3803Registered No. 112
(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 Barham Bald If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 10 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Rick Johnson
 (9) PRESENT POSTOFFICE OF FATHER Eastover
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
 (Year)
 (12) BIRTHPLACE Waterloo
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Charlott Bald
 (15) PRESENT POSTOFFICE OF MOTHER Eastover
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
 (Year)
 (18) BIRTHPLACE Waterloo
 (19) OCCUPATION House Work
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive May 10 at 3:10 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Millie Jackson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 5/20/22 (28) W. H. Perryman 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.