

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Barnwell
 or
 Inc. Town of Barnwell
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33187

Registration District No. 001 Registered No. 48
 (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 Harry Trade

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? No 7) DATE OF BIRTH Sept 27 22
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Harry Trade
 9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 21
 (Years)
 12) BIRTHPLACE Barnwell S.C.
 13) OCCUPATION Day Laborer
 20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Louise Brown
 15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 20
 (Years)
 18) BIRTHPLACE Barnwell S.C.
 19) OCCUPATION Day Laborer
 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... alive... at 10:30 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sollie Myers
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report

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

(27) Filed Nov 4 22 (28) N. F. Kirkland
 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.

MARGIN RESERVED FOR BINDING.

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 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.