

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *Charleston*
 Inc. Town of *Charleston*
 or
 City of *Charleston, S.C.*

(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

No.—For State Register Only

3110

Registration District No. *9* a Registered No.
 (For use of Local Registrar)

Hattie Thompson St. Ward)
 (Name of home or street and number)

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

(2) Full Name of Child *Pearl Madge Barnes*

(a) Sex of *boy* (b) Day of Month *1* (c) Number in
 order of birth *3*

To be answered only in event of Twins or Triplets

(d) PRESENT
 ADDRESS
yes

(e) DATE OF
 BIRTH *Feb. 3, 1930*
 (Name of Month) (Day) (Year)

FATHER.

(f) FULL NAME *David Elmore Barnes*
 PRESENT POSTOFFICE *Postmaster*
 OF FATHER *Charleston, S.C.*

(g) COLOR OR RACE *white* (h) AGE AT LAST BIRTHDAY *45*
 (years)

(i) BIRTHPLACE *white*

OCCUPATION

(j) Number of children born to
 mother, including present birth *2*

MOTHER.

(k) NAME BEFORE MARRIAGE *Hattie Thompson*
 PRESENT POSTOFFICE *Postmaster*
 OF MOTHER *Charleston, S.C.*

(l) COLOR OR RACE *white* (m) AGE AT LAST BIRTHDAY *31*
 (years)

(n) BIRTHPLACE *George*

OCCUPATION *housewife*

(o) Number of children of this mother
 now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(p) I hereby certify that I attended the birth of this child, who was *stillborn* at *8 A.M.*
 on the date above stated. *Aug. 1, 1930*

A.M. Bidwell.

(q) (Signature)

(r) State whether *Physician or midwife*

(s) Address of physician or midwife *Postmaster*

Gives name added from a supplemental report

(t) Witness

(Signature of witness necessary only
 when question 28 is signed by mother)

..... 19
 Registrar

(u) Filed *4/10/30* 19 (v) 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.