

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11790

County of LaurinTownship of Dialor  
Inc. Town of

or

City of (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2900 Registered No. 21

(For use of Local Registrar)

St. 1 Ward

## (2) Full Name of Child

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb. 14, 1922

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME

J. H. Barksdale

(14) NAME BEFORE MARRIAGE

Maudie Bolt

(9) PRESENT POSTOFFICE OF FATHER

Gray Court S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Gray Court S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

36

(Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

3

(21) 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 at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Chas. C. Rogers M.D.

(24) State whether Physician or Midwife

Gray Court S.C.

Give name added from a supplemental report

191

Registrar

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

May 5, 1922W. C. Mahan

Local Registrar

If 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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