

(1) PLACE OF BIRTH

County of Richland Co.  
 Township of Barnwell  
 or  
 City of Bay

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

File No. - For State Registrar Only  
**3881**

Registration District No. 2014 Registered No. 9  
 (For use of Local Registrar)

City of Bay (No. 9 St. 9 Ward 9)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

(3) SEX OR Boy (4) Time of Birth 11:14 (5) Age of Parents 23  
 To be entered only in case of Twins or Triplets

FATHER: (6) FULL NAME John Echles (7) NAME BEFORE MARRIAGE Chas. Echles

(8) PRESENT RESIDENCE OF FATHER Barnwell, S.C. (9) PRESENT RESIDENCE OF MOTHER Bay

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 34

(12) BIRTHPLACE Barnwell, S.C. (13) OCCUPATION Farming

(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Bay on the date above stated. (Hour A. M. or P. M.)

(16) (Signature) Emma Echles (17) State whether Physician or Midwife Midwife (18) Address of Physician or Midwife Bay

(19) Witness Arden Echles (20) Signature of Witness Arden Echles (21) Date Feb 14 1923

(22) When there is a change of residence, all reports must be made to the new office. If a child is born in a new office, it must be reported to the new office.