

1) PLACE OF BIRTH

County of Barnwell
 Township of
 or
 Town of Blackville
 or
 City of

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

No. 2903 for this register only

Registration District No. 5. H. Registered No. 2
 (For use of Local Registrar)

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

2) Full Name of Child Joseph Samuel Polikoff (If child is not yet named, make supplemental report as directed)

BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Circumcised <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 24, 1933</u> (Month) (Day) (Year)
FATHER.		MOTHER.		
FULL NAME <u>Samuel Polikoff</u>		(14) NAME BEFORE MARRIAGE <u>Fannie Polikoff</u>		
PRESENT POST OFFICE OF FATHER <u>Blackville</u>		(15) PRESENT POST OFFICE OF MOTHER <u>Blackville</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(18) BIRTHPLACE <u>Augusta Ga.</u>
(12) BIRTHPLACE <u>Russia</u>	(13) OCCUPATION <u>Merchant</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children of this mother now living, including present birth <u>4</u>	
(21) Number of children born to mother, including present birth <u>5</u>		(22) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (24) (Signature) Chas. H. Hammond M.D.
 (25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (28) Filed Feb. 10, 1933 (29) Chas. H. Hammond 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.