

1) PLACE OF BIRTH

County of Barnwell

Wardship 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 Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are parents married? Yes (7) DATE OF BIRTH Jan. 24, 1923
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Samuel Polikoff

PRESENT POST OFFICE OF FATHER Blackville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Year)

(12) BIRTHPLACE Russia

(13) OCCUPATION Merchant

(14) Number of children born to father, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Fannie Polikoff

(16) PRESENT POST OFFICE OF MOTHER Blackville

(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(Year)

(19) BIRTHPLACE Augusta, Ga.

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)

(23) (Signature) Chas. H. Hammond

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 10, 1923 (28) 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.