

(1) PLACE OF BIRTH

County of Marlboro

Township of

OR

Inc. Town of

OR

City of Barnettville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31268

Registration District No. 37A Registered No. 86

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

1 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 Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>Sept 26, 22</u> (Name) (Month) (Day) (Year)
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FATHER.

8 FULL NAME Clyde R. Horst9 PRESENT POSTOFFICE OF FATHER Barnettville S.C.10 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)12 BIRTHPLACE Barnettville, Pa.13 OCCUPATION Teacher

MOTHER.

14 NAME BEFORE MARRIAGE Marion McConaughy15 PRESENT POSTOFFICE OF MOTHER Barnettville S.C.16 COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)18 BIRTHPLACE Barnettville S.C.19 OCCUPATION W.

20 Number of children born to mother, including present birth	21 Number of children of this mother now living, including present birth
<u>1</u>	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Born alive at 5:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Horst(24) State whether Physician or Midwife (25) Address of Physician or Midwife Barnettville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 11, 22 (28) McGill 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.

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