

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
40978

Registration District No. 5. R. 4. Registered No. 1. 2. 6.
 (For use of Local Registrar)

City of..... (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 Julius Wopkins { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 29, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Wopkins
 (9) PRESENT POSTOFFICE OF FATHER Blackville
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Linda Lee
 (15) PRESENT POSTOFFICE OF MOTHER Blackville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30
 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION

(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 8 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Saunders
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplementary report

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

(27) Filed Jan. 10, 1923. (28) L. 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.

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.