

Form No. 1

## (1) PLACE OF BIRTH

County of HambletonTownship of Richmondor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

30460

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Robert James

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

Sept 18 23  
(Month of Year) (Day) (Year)

## FATHER.

(8) FULL NAME

L. E. Barineau

(9) PRESENT POSTOFFICE OF FATHER

York S.C.(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

7

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen Wright

(15) PRESENT POSTOFFICE OF MOTHER

York S.C.(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

H.W.

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

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 23 is signed by mother)

(27) Filed

Sept 20 23

(28)

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.