Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
5213

County of Barnwell

Township of Beech Hill

or Inc. Town of .....

Registration District No. 404 Registered No. 13
(For use of Local Registrar)

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

(3) BOY OR GIRL: Girl | (4) Twin or Triplet? | (5) Number in order of birth (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH: Feb. 16, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: A. Hollingsworth

(9) PRESENT POSTOFFICE OF FATHER: Barnwell

(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 39 (Years)

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Cotton Mill Oper

(20) Number of children born to mother, including present birth: 8

MOTHER.

(14) NAME BEFORE MARRIAGE: Annie Hipp

(15) PRESENT POSTOFFICE OF MOTHER: Barnwell

(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 36 (Years)

(18) BIRTHPLACE: Lex Co. S.C.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 30 M. on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W F Thompson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Barnwell

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Feb 12 19 (28) .....

*When there was no attending physician or midwife, then the father, householder, etc., should report. No report is desired of a stillborn child. If a child breathes even once, it must not be reported as stillborn. No report is desired of a child dead before the fifth month of pregnancy.

WHITE PLAINLY. WITH UNFADING BLACK INK. MARRIED WOMEN TO GIVE MAIDEN NAME. IF A STILLBORN CHILD, and mark the case of TWINS OR TRIPLETS as SUCH. PRINT OFFICIAL NO. 1. THIS OFFICIAL No. 1, etc., to question 5.

MARRIAGE RECORDED FOR REFERENCE.