

(1) PLACE OF BIRTH

County of Saluda  
Township of #  
Inc. Town of.....  
City of.....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**22461**

Registration District No. 390 Registered No. 70  
(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 Beatrice Barnage If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH July 9, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Gage Barnage  
(9) PRESENT POSTOFFICE OF FATHER Batesburg  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Year)  
(12) BIRTHPLACE Saluda Co  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 12

MOTHER.  
(14) NAME BEFORE MARRIAGE Lilla  
(15) PRESENT POSTOFFICE OF MOTHER Batesburg  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Year)  
(18) BIRTHPLACE Saluda Co  
(19) OCCUPATION Farm hand  
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ene Bantz  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Batesburg

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 July 15, 1923 (28) Miss J. S. Branch 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.

FIRST-BORN, No. 1. THIS OTHER, No. 2, etc. In column 5.