

(1) PLACE OF BIRTH

County of Clarendon
 Township of Danely Grove
 or
 Inc. Town of.....
 or
 City of Lake City

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

File No. — For State Registrar Only
18266

Registration District No. 1316 Registered No. 28
 (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 Mattie Lee Barrineau (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>-</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>8</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 17, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Samy Larence Barrineau
 9) PRESENT POSTOFFICE OF FATHER Lake City S.C. Route 1
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 46 (Years)
 12) BIRTHPLACE Clarendon Co.
 13) OCCUPATION Farming
 20) Number of children born to mother, including present birth 8

MOTHER.

14) NAME BEFORE MARRIAGE Ida Jane Mines
 15) PRESENT POSTOFFICE OF MOTHER Lake City S.C. Route 1
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 27 (Years)
 18) BIRTHPLACE Clarendon Co.
 19) OCCUPATION House wife
 21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. H. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lake City 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 June 26, 1922 (28) E. H. Maddison 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.