

Form No. 1

## (1) PLACE OF BIRTH

County of ThurstonTownship of Center

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

27782

Registration District No. 3801Registered No. 512  
(For use of Local Registrar)

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

(2) Full Name of Child Cleveland Barnes

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 event of Twins or Triplets

(5) Number in order of birth 10(6) Are Parents Married? no

(7) DATE OF BIRTH

June 10, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME DK(9) PRESENT POSTOFFICE OF FATHER DK(10) COLOR OR RACE DK(11) AGE AT LAST BIRTHDAY DK

(Years)

(12) BIRTHPLACE DK(13) OCCUPATION DK

## MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Jacobs(15) PRESENT POSTOFFICE OF MOTHER Estons S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 40

(Years)

(18) BIRTHPLACE Willing Co S.C.(19) OCCUPATION Harmer(20) Number of children born to mother, including present birth 110(21) Number of children of this mother now living, including present birth 110

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Victoria Jacobs

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Estons 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 11, 1922

(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.