Form No. 1.

(1) PLACE OF BIRTH

County of Barnwell

Township of Cat. Dam

or

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
30548

Registration District No. 242 Registered No. 63
(For use of Local Registrar)

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

(2) Full Name of Child. Willie Bagnell

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

(3) BOY OR GIRL? Wh

(4) Twin or Triplet? Twin

(5) Number in order of birth 2

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 24 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Bagnell

(9) PRESENT POSTOFFICE OF FATHER Pelgin R. 3.

(10) COLOR OR RACE Wh

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE U. S.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Stone

(15) PRESENT POSTOFFICE OF MOTHER Pelgin R 3

(16) COLOR OR RACE Wh

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE U. S.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 30 A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) J. H. Stokelum

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Pelgin S. C.

Given name added from a supplemental report

..... 19..

..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 1922 (28) W. A. Row
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.