

Form No. 1

(1) PLACE OF BIRTH

County of Windsor
 Township of Indian
 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
32613

Registration District No. 4303 Registered No. 27
 (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 David Barr If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? No 7) DATE OF BIRTH Sept 11 22
 (Name) (Month) (Day) (Year)

FATHER.
 3) FULL NAME Calvin Barr
 9) PRESENT POSTOFFICE OF FATHER Cooper
 10) COLOR OR RACE B 11) AGE AT LAST BIRTHDAY 24 (Years)
 12) BIRTHPLACE LC
 13) OCCUPATION farmer
 20) Number of children born to mother, including present birth 1

MOTHER.
 14) NAME BEFORE MARRIAGE Louise Adkins
 15) PRESENT POSTOFFICE OF MOTHER Cooper
 16) COLOR OR RACE B 17) AGE AT LAST BIRTHDAY 20 (Years)
 18) BIRTHPLACE LC
 19) OCCUPATION farmer
 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Alice Brown
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 20 22 (28) C. C. Samuel 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.

MARSHALL COUNTY, MISSISSIPPI, FOR RECORDING.
 THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 HOGAN OF COLUMBIA, COLUMBIA, S. C.