

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child

File No.—for State Registrar Only

2826

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

30.7

Registered No.

26

(For use of Local Registrar)

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

(3) BOY (X)
GIRL(4) Twin
or triplet?(5) Number in
order of birth

(to be entered only in case of twins or triplets)

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

2-1-22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Wesley Hamilton Barnwell

(9) PRESENT
POSTOFFICE
OF FATHER

Honea Path S.C.

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY24
(Years)

(12) BIRTHPLACE

Ga.

(13) OCCUPATION

Parson nice ap -

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

5

MOTHER.

(14) NAME BEFORE
MARRIAGE

Willie Valencia Crow

(15) PRESENT
POSTOFFICE
OF MOTHER

Honea Path S.C.

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY33
(Years)

(18) BIRTHPLACE

Ga.

(19) OCCUPATION

Domestic

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:20 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

John B. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

no.

Honea Path S.C.

Given name added from a subsequent
reportSee affidavit
2/28/22

(26) Witness

(Signature of witness necessary only
when question 26 is signed by mark)

(27) State

Feb 28, 1922

(28)

Jennie Williams

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 be reported as born. No report is desired of stillbirths before the
ninth month of pregnancy.