

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Barnwell</u>		STATE OF SOUTH CAROLINA		28975	
Township of <u>Red Oak</u>		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of <u>Swelling</u>		Registration District No. <u>809</u>		Registered No. <u>45</u>	
OR				(For use of Local Registrar)	
City of <u>Swelling</u>		(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 <u>Hester Queen</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 22</u>	
				(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>John Queen</u>	(14) NAME BEFORE MARRIAGE <u>Mamie Queen</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Barnwell</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell</u>				
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>49</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Barnwell Co</u>	(18) BIRTHPLACE <u>Barnwell Co</u>				
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>				
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Bella Ray</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Swelling</u>					
Given name added from a supplemental report		(26) Witness <u>W. B. Parker</u>			
		(Signature of Witness necessary only when question 23 is signed by mark)			
10 Registrar		(27) Filed <u>Sept 22</u> 19		(28) <u>Mrs Parker</u> 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.					