

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Long Canal  
 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

24426

Registration District No. 107 Registered No. 48  
 (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

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

3) BOY OR GIRL girl 4) Twin or Triplet? 1 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Aug. 27, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

8) FULL NAME Charles Barts

14) NAME BEFORE MARRIAGE Sallie Anderson

9) PRESENT POSTOFFICE OF FATHER Abbeville SC

15) PRESENT POSTOFFICE OF MOTHER Abbeville SC

10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 34  
 (Years)

16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 21  
 (Years)

12) BIRTHPLACE Abbeville Co SC

18) BIRTHPLACE Abbeville Co SC

13) OCCUPATION Farmer

19) OCCUPATION Housewife

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

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... born... at 2:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness John F. Kitch  
Hadgas & Co

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

..... 19 .....

(27) Filed Sept 9, 1922 (28) E. H. Miller  
 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.

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.

RECORD OF BIRTHS, DEATHS, AND MARRIAGES  
 N. E.—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.

RECORD OF BIRTHS, DEATHS, AND MARRIAGES, COLUMBIA, S. C.