

(1) PLACE OF BIRTH

County of Barnesburg
 Township of North Central
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 402

File No. — For State Registrar Only

9997

Registered No. 25
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

Oscar Robert O. Quinn

(3) BOY OR GIRL Boy
 (4) Twin or Triplet? No
 To be answered only in event of Twin or Triplet

(5) Are Parents Married? Yes

(7) DATE OF BIRTH 4/1/20
 (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Robert B Quinn(10) PRESENT POSTOFFICE OF FATHER Barnesburg(11) COLOR OR RACE White(12) BIRTHPLACE California Co(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Carter(15) PRESENT POSTOFFICE OF MOTHER Barnesburg(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Barnesburg Co(19) OCCUPATION Domestic(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 4 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Wimmerly, M.D.(24) State whether Physician or Midwife(25) Address of Physician or Midwife BarnesburgGiven name added from a supplemental report 1

(26) Witness

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

(27) Filed 5/81920

(28)

J. C. Sumner
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 required of stillbirths before the fifth month of pregnancy.