

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
 MICHIGAN, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Williamston*
 Township of *Johns*
 or
 Inc. Town of

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

File No. — For State Registrar Only
17064

Registration District No. *4304* Registered No. *1*
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child *Mellie Barr*

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *To be answered only in event of Twins or Triplets* (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan. 25, 1922*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Joe Barr*
 (9) PRESENT POSTOFFICE OF FATHER *Hammway S.C.*
 (10) COLOR OR RACE *Caucasian* (11) AGE AT LAST BIRTHDAY *25*
 (Years)
 (12) BIRTHPLACE *S.C.*
 (13) OCCUPATION *Farming*
 (20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Carrie Hughes*
 (15) PRESENT POSTOFFICE OF MOTHER *Hammway S.C.*
 (16) COLOR OR RACE *Caucasian* (17) AGE AT LAST BIRTHDAY *21*
 (Years)
 (18) BIRTHPLACE *S.C.*
 (19) OCCUPATION *Housewife*
 (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 *born* at *8 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Sallie Bruce*
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Hammway S.C.*

Given name added from a supplemental report

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

(27) Filed *Feb 4, 1922* (28) *R. H. Paul* 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.