

(1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of Charleston .....

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

2) Full Name of Child .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29252

Registration District No. 9 ARegistered No. 1380

(For use of Local Registrar)

St. 9 Ward 9

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 7 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Reese Barrineau(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION News Agent(20) Number of children born to mother, including present birth Second

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Bullen Hansburg(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Timmons ville, S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth Second

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive as born alive or stillborn (Hear A. M. or P. M.) on the date above stated.(23) (Signature) J. P. Wilson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 9/25/22J. M. Green M.D.

Local Registrar

When there was no attending physician or midwife, then the father, household, 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.

W. L. Davis M.D.