

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.  
 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 1.

(1) PLACE OF BIRTH				<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>6063</b>
County of <u>Berkley</u> Township of <u>St Stephen</u> Inc. Town of ..... City of .....				Registration District No. <u>706</u>		Registrar No. <u>22</u> (For district Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) <b>(2) Full Name of Child</b> <u>Charles E. Barger</u>						
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 30</u> <u>1923</u> (Name of Month) (Day) (Year)		
<b>FATHER</b> (8) FULL NAME <u>Henry Barger</u> (9) PRESENT POSTOFFICE OF FATHER <u>St Stephen</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>33</u> (12) BIRTHPLACE <u>Berkley</u> (13) OCCUPATION <u>Farmer</u>				<b>MOTHER</b> (14) NAME BEFORE MARRIAGE <u>Chas E. Barger</u> (15) PRESENT POSTOFFICE OF MOTHER <u>St Stephen</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (18) BIRTHPLACE <u>St. Mary Co</u> (19) OCCUPATION <u>Housewife</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>4</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> (22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (23) (Signature) <u>James H. Barger</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>St Stephen</u> (26) Witness ..... (27) Filed in A. R. <u>2523</u> (28) <u>James H. Barger</u> (29) <u>aff 7/8/23</u>						

\*When there is an attending physician or midwife, then the father, householder or head of household must sign the certificate. If a child breathes even once, it must not be reported as stillborn. No report is needed of children before the birth month of pregnancy.