

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY. WITH UNFAMILY NAMES, USE A PERMANENT RECORD.
N. B.—In case of twins on 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

County of T. Cornell
Township of Barnes
or
Inc. Town of
or
City of

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

Registration District No. 304

No. 11.—For this Register Only
11462

Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child

(1) SEX OF CHILD Boy (2) Date or Triplet Yes (3) Number in order of birth 1 (4) Age of Parent yes (5) DATE OF BIRTH 2-18-23
(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)

FATHER.
(6) FULL NAME Frank Cornell
(7) PRESENT RESIDENCE OF FATHER Barnes
(8) COLOR OR RACE negro (9) AGE AT LAST BIRTHDAY 48
(10) BIRTHPLACE Anderson
(11) OCCUPATION Farmer
(12) Number of children born to mother, including present birth 6

MOTHER.
(13) NAME BEFORE MARRIAGE Terrell Cornell
(14) PRESENT RESIDENCE OF MOTHER Barnes
(15) COLOR OR RACE negro (16) AGE AT LAST BIRTHDAY 31
(17) BIRTHPLACE Anderson
(18) OCCUPATION Farmer
(19) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour of M. or P. M.) 7:11
on the date above stated.

(21) (Signature) W. B. Fisher
(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Barnes

Given name added from a supplemental report

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

(25) Filed 4/10/23 (26) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

Ward) make noted