

Form No. 23  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—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 5.  
County of Columbia

(1) PLACE OF BIRTH  
County of Barnwell STATE OF SOUTH CAROLINA.  
Township of Bradford Bureau of Vital Statistics  
or  
Inc. Town of \_\_\_\_\_ Registration District No. 588 Registered No. 80  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_) (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child S. I. Pollini { If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
84414

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Nov. 2, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Willie Pollin</u>			(14) NAME BEFORE MARRIAGE <u>Lula Owens</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>German S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>German S.C.</u>	
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>colored</u>		
(12) BIRTHPLACE <u>Barnwell County</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(13) OCCUPATION <u>Harmoning</u>		(18) BIRTHPLACE <u>Barnwell County</u>		
(19) OCCUPATION <u>Harmoning</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		
(20) Number of children born to mother, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born, at Nov. 2, 1916, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Owens (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barton S.C. R. 1 B. 31

Given name added from a supplemental report Nov. 10, 1916

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. A. Rouen

(27) Filed Nov. 11, 1916 (28) J. A. Rouen 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.