

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell

Township of

or
Inc. Town of Barnwellor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28992

Registration District No. 600Registered No. 76
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Artha Green

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

(3) BOY OR
GIRL?(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 Aug. 12, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEArtha Fintchen(9) PRESENT
POSTOFFICE
OF FATHERBarnwell S.C.(10) COLOR
OR
RACEChieft(11) AGE AT LAST
BIRTHDAY32
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

MOTHER.

(14) NAME BEFORE
MARRIAGEHattie Green(15) PRESENT
POSTOFFICE
OF MOTHERBarnwell S.C.(16) COLOR
OR
RACEChieft(17) AGE AT LAST
BIRTHDAY30
(Years)

(18) BIRTHPLACE

Barnwell S.C.

(19) OCCUPATION

Farm Laborer(20) Number of children born to
mother, including present birth

{ 4

(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 St. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. A. L. L. L.

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Barnwell S.C.Given name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug. 12, 1923(28) L. H. L. L.

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.

MARGIN RESERVED FOR BINDING.

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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.