

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK.—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.

## (1) PLACE OF BIRTH

County of OrangeburgTownship of North

or

Inc. Town of .....

or

City of .....

(2) Full Name of Child Martha Lee Barnes(3) BOY OR GIRL Girl(4) Twin or Triplet? No  
To be answered only in case of Twins or Triplets(5) Number in order of birth  
To be answered only in case of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 15, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Barnes(9) PRESENT POSTOFFICE OF FATHER Orangeburg(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 40  
(Years)(12) BIRTHPLACE Barrow Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Cummings(15) PRESENT POSTOFFICE OF MOTHER Orangeburg(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 42  
(Years)(18) BIRTHPLACE Orangeburg Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mahala(24) State, whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 24, 1922 (28) W. H. H. H. 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.

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

File No.—For State Registrar Only  
**5306**

Registration District No. 3611 Registered No. 2  
(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.)

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