

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Barnwell
 OF
 Inc. Town of Barnwell
 OF
 City of _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9351

Registration District No. 501 Registered No. 6
 (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 Dorothy Gault If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet _____ (5) Number in order of birth _____ (6) Age Parents Married yes (7) DATE OF BIRTH Feb 10 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Harry Gault</u>	(14) NAME BEFORE MARRIAGE <u>Grace Cook</u>	(18) PRESENT RESIDENCE OF FATHER <u>Barnwell SC</u>	(18) PRESENT RESIDENCE OF MOTHER <u>Barnwell SC</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Year)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)
(12) BIRTHPLACE <u>Barnwell Co SC</u>	(15) OCCUPATION <u>Farming</u>	(15) BIRTHPLACE <u>Barnwell Co SC</u>	(15) OCCUPATION <u>field work</u>
(13) Number of children born to mother, including present birth <u>3</u>	(16) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) India Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnwell

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Feb 10 23 at N. F. Kirkland 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.

IN 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 2.

Bureau of Statistics, Columbia, S. C.