

(1) PLACE OF BIRTH

County of Barnwell  
 Township of West Fork  
 or Scallway  
 Inc. Town of Scallway  
 or Scallway  
 City of Scallway  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**

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

File No. — For State Registrar Only

**10041**

Registration District No. 809

Registered No. 15  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Yvonne Middleton

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1  
 (6) Are Parents Married? yes (7) DATE OF BIRTH April 7, 1922  
 (Name of Month) (Day) (Year)

**FATHER**

(8) FULL NAME W. F. Middleton  
 (9) PRESENT POSTOFFICE OF FATHER Barnwell & Co.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Barnwell Co.  
 (13) OCCUPATION farmer

**MOTHER**

(14) NAME BEFORE MARRIAGE Elizabeth Neale  
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE Barnwell Co.  
 (19) OCCUPATION farmer  
 (20) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annanda Middleton  
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness W. B. Parker  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 14, 1922 (28) Mrs. Parker  
 Registrar 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.