

(1) PLACE OF BIRTH

County of Greenville, S.C.
 Township of Greenville
 OR
 Inc. Town of Greenville
 OR
 City of Greenville

(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 Use

18706

Registration District No. 22ARegistered No. 23

510 Anderson St.

(For use of Local Registrar, 5th)

(No. St. Ward)

(2) Full Name of Child

Not given

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF 6/3/22

BIRTH 6/3/22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. F. C. Barnes

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S.C.

(10) COLOR White
OR
RACE(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

Fireman

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Pauline Brissie

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S.C.

(16) COLOR White
OR
RACE(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE

Greenville, S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alva at 4:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Alva S. Pocke

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 5-22(28) Local Registrar

*When there was no attending physician or midwife, 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.

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WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.