

## (1) PLACE OF BIRTH

County of Aurens  
 Township of Dak  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43258

Registration District No. 2901Registered No. 155  
(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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 7 (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 1 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Will Hooker  
 (9) PRESENT POSTOFFICE OF FATHER Gray court  
 (10) COLOR OR RACE cal (11) AGE AT LAST BIRTHDAY 31  
 (12) BIRTHPLACE Lamunco SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

MOTHER.  
 (14) NAME BEFORE MARRIAGE Bertha Barksdale  
 (15) PRESENT POSTOFFICE OF MOTHER Gray court SC  
 (16) COLOR OR RACE cal (17) AGE AT LAST BIRTHDAY 26  
 (18) BIRTHPLACE Lamunco SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Barksdale(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Barksdale

Given name added from a supplemental report

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

(27) Filed Jan 13 1923 (28) A. Chas. 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.

W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED AT COLUMBIA, S. C.