

## (1) PLACE OF BIRTH

County of AllenTownship of Dillon

Inc. Town of .....

City of Barton

(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

Registration District No. 4605Registered No. 42  
(For use of Local Registrar)(2) Full Name of Child Mary Atkins

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

(3) SEX OF CHILD Female (4) Type or Triplet .....

To be answered only in case of Triplet or Triplet

(5) Number in order of birth .....

(6) Age of mother at birth 26(7) DATE OF BIRTH Nov 26 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Atkins(9) PRESENT RESIDENCE OF FATHER Barton(10) COLOR Black (11) AGE AT LAST BIRTHDAY 17  
(Year)(12) BIRTHPLACE Wardlaw, S.C.(13) OCCUPATION Farmer

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

one

## MOTHER.

(14) NAME BEFORE MARRIAGE Satie Shakespear(15) PRESENT RESIDENCE OF MOTHER Barton(16) COLOR Black (17) AGE AT LAST BIRTHDAY 18  
(Year)(18) BIRTHPLACE Barton(19) OCCUPATION Wardlaw, S.C.

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

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive 2 PM  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mary Busby midwife

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Barton, S.C.

Given name added from a supplemental report

(25) Witness .....

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

(26) Filed Nov 26 1923

(27) .....

(28) 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.