

THIS PLAIN, WITH SPACING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECHANICAL COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		34305	
Township of <u>89</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>1708</u>		Registered No. <u>42</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Barrie Perkins</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Oct 19 1922</u>	
FATHER			MOTHER		
(8) FULL NAME <u>Albert Perkins</u>			(14) NAME BEFORE MARRIAGE <u>Julie (Doris) Krum</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Jackson, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Winston S. C.</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>Doris Krum</u>			(18) BIRTHPLACE <u>Doris Krum</u>		
(13) OCCUPATION <u>Ministry</u>			(19) OCCUPATION <u>Day laborer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) 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 <u>born</u> at <u>11</u> M. on the date above stated.					
(23) (Signature) <u>Wm. E. Eason</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Winston S. C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>1922</u> Registrar			(27) Filed <u>1922</u> (28) <u>Wm. E. Eason</u> 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.					