

(1) PLACE OF BIRTH

County of LourensTownship of Lourensor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2904

File No. - For State Registrar Only

21673

Registered No. 58
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Barkdale If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet no (5) Number in order of birth 10 (6) Are Parents Married yes (7) DATE OF BIRTH July 9, 1937(8) FATHER'S FULL NAME Will Barkdale (9) MOTHER'S FULL NAME Natie Henry(10) PRESENT POSTOFFICE OF FATHER Lourens S.C. 9-1 (11) PRESENT POSTOFFICE OF MOTHER Lourens S.C. 9-1(12) COLOR OR RACE negro (13) AGE AT LAST BIRTHDAY 40 (14) COLOR OR RACE negro (15) AGE AT LAST BIRTHDAY 30(16) BIRTHPLACE near Madeline A.C. (17) BIRTHPLACE near Lourens S.C.(18) OCCUPATION farmer (19) OCCUPATION housekeeper(20) Number of children born to mother, including present birth Seven (21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M., on the date above stated. (Hour M. or P. M.)(23) (Signature) D. H. Brown (24) State of South Carolina (25) Address of Physician or Midwife Physician Brown, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question is signed with ink)

(27) Wm. H. B. R. R. (28) Local Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this report. 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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