

(1) PLACE OF BIRTH

County of *Rich*

Township of *Golden*

or

Inc. Town of

or

City of (No. .... St.; .... Ward)  
(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 Registrar Only

71076

Registration District No. *20.3* Registered No. *17*  
(For use of Local Registrar)

(2) Full Name of Child

*Marie E. Hooker*

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

(3) BOY OR GIRL?

*girl*

(4) Twin or Triplet?

*X*

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*8.31.16*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Ernie Barr*

(9) PRESENT POSTOFFICE OF FATHER

*Wagner, S.C.*

(10) COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*34*  
(Years)

(12) BIRTHPLACE

*S.C.*

(13) OCCUPATION

*Teacher*

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

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Norma Jackson*

(15) PRESENT POSTOFFICE OF MOTHER

*Wagner, S.C.*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*18*  
(Years)

(18) BIRTHPLACE

*S.C.*

(19) OCCUPATION

*Housewife*

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

*1*

## 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) *D. S. S. S.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed

*9-9-1916*

(28)

*W. S. S. S.*

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.

Registrar

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