

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia

## (1) PLACE OF BIRTH

County of GreenwoodTownship of Callison

Inc. Town of

City of

(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

49569

Registration District No. 2302Registered No. 5-

(For use of Local Registrar)

(2) Full Name of Child Jamie May Yarkin

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 26

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Yarkin(9) PRESENT POSTOFFICE OF FATHER Callison S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Edgefield(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Jamie Raney(15) PRESENT POSTOFFICE OF MOTHER Callison S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Edgefield 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 born alive, at 3 o'clock A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Yarkin(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Callison S.C.

Given name added from a supplemental report

Registrar

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

(27) Filed Feb. 29, 1916 (28) P. P. Perry 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.

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