

Form No 1.

## (1) PLACE OF BIRTH

County of GeorgetownTownship of Six

or

Inc. Town of

or

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  
42909Registration District No. 2105Registered No. 97

(For use of Local Registrar)

(2) Full Name of Child Annie E. Barnhill

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

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 23

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Dudley J. Barnhill(9) PRESENT POSTOFFICE OF FATHER Outland S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33

(Years)

(12) BIRTHPLACE Marion Co S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 8(14) NAME BEFORE MARRIAGE Sarah Bullard(15) PRESENT POSTOFFICE OF MOTHER Outland S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE Georgetown Co S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)(23) (Signature) V. V. L. L.

(24) State whether Physician or Midwife.

(25) Address of Physician or Midwife

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) When

Jan 2 1916 (28) J. J. McCracken

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.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

S. B. of Columbia