

## (1) PLACE OF BIRTH

County of

Township of

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

72912

Registration District No. 2200

Registered No. 88

(For use of Local Registrar)

## (2) Full Name of Child

G. J. Barkley

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Aug. 12, 1916

## FATHER.

(8) FULL NAME

Walter Barkley

(9) PRESENT POSTOFFICE OF FATHER

Grimpsville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Grimpsville Co

(13) OCCUPATION

Mill Operator

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

{ ..... 1 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ocie Pullie

(15) PRESENT POSTOFFICE OF MOTHER

Grimpsville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20 (Years)

(18) BIRTHPLACE

Grimpsville Co

(19) OCCUPATION

House work

(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 ..... 10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

M. C. Smith

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Grimpsville S.C.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Sep. 12, 1916

(28) L. L. Richardson

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

Cav. of Columbia.