

(1) PLACE OF BIRTH

County of Lancaster  
 Township of Tran. Creek  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Register Only  
**4343**

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

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jessie Barnes If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 1, 1927</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Not Known</u>	(14) NAME BEFORE MARRIAGE <u>Dianna Barnes</u>	(9) PRESENT POSTOFFICE OF FATHER <u>"</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster 684</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>"</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Lancaster</u>	(18) BIRTHPLACE <u>Lancaster C.</u>	(13) OCCUPATION <u>"</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated. (Hour of birth) (Hour A. M. or P. M.)

(23) (Signature) Mary Barnes  
 (24) Address of Physician or Midwife Cherokee St.

Witnesses of birth necessary only when question 22 is signed by mother.  
 (25) (Signature) W. H. ...  
 (26) (Signature) ...

\*When there was no physician or midwife present, the birth should be reported to the Registrar.