

(1) PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of

or

City of Sumter

(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

91945

Registration District No. 41A Registered No. 242

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD? <u>Girl</u>	(4) TWINS or Triplets? <u>No</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 20</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME A. Herbert Barker(9) PRESENT POSTOFFICE OF FATHER Sumter SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE NC(13) OCCUPATION Salesman(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Aliza Wells(15) PRESENT POSTOFFICE OF MOTHER Sumter SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE SC(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 8:30 A. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) H. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report

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

(27) Filed Dec 26 1916 (28) H. H. H. H. 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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