(1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. or Town of ..... Registration District No. 38a Registered No. 950 (For use of Local Registrar)

City of Columbia (No. 230 Whaley St.; ..... Ward)

(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
37312

(2) Full Name of Child Edna L. Barker } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	X	X	Yes	Oct. 25 23

To be accepted only in event of twins or triplets

FATHER.		MOTHER.	
(8) FULL NAME	Lewis A. Barker	(14) NAME BEFORE MARRIAGE	Cora Stricker
(9) PRESENT POSTOFFICE OF FATHER	Columbia Sl.	(15) PRESENT POSTOFFICE OF MOTHER	Columbia Sl.
(10) COLOR OR RACE	W	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	24-4	(17) AGE AT LAST BIRTHDAY (Years)	35
(12) BIRTHPLACE	Sl.	(18) BIRTHPLACE	Sl.
(13) OCCUPATION	Textile	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	5	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: M.D.

(25) Address of Physician or Midwife: Columbia Sl.

Given name added from a supplemental report

Feb. 25, 1924

Janie Fairey
Registrar

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

(27) Filed Dec. 16 1923 (28) A. J. Sloan
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.

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.

McCaw, Columbia.