

(1) PLACE OF BIRTH

County of *Florence*

Township of *Ebenezer*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

52153

Registration District No. *2003*

Registered No. *34*

(For use of Local Registrar)

(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. *Elise Lee Barkhus* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in event of twins or triplets</i>	(6) Are Parents Married? <i>no</i>	(7) DATE OF BIRTH <i>Mar. 6, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME *James Lee*

(14) NAME BEFORE MARRIAGE *Lilly Barkhus*

(9) PRESENT POSTOFFICE OF FATHER *Darlington*

(15) PRESENT POSTOFFICE OF MOTHER *Florence*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *23* (Years)

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *20* (Years)

(12) BIRTHPLACE *S.C.*

(18) BIRTHPLACE *S.C.*

(13) OCCUPATION *Janu laborer*

(19) OCCUPATION *Janu laborer*

(20) Number of children born to mother, including present birth *2*

(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 *born alive* *3 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Martha X Sweeten*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife *Florence S.C.*

Given name added from a supplemental report

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

(27) Filed *Mar 15 1916* (28) *P. L. Reaves* 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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NEARLY IN REVERSE ORDER OF BIRTHING.
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 STATE OF SOUTH CAROLINA
 BUREAU OF VITAL STATISTICS