

Form No. 1 1904

## (1) PLACE OF BIRTH

County of Fairfield  
 Township of H. S.  
 or  
 Inc. Town of Bucklick  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42245

Registration District No. 2

Registered No. M. M. Shones  
 (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 Ethel May Barber { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 19, 1901  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Barber  
 (9) PRESENT POSTOFFICE OF FATHER Winnabow Sc.  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY 19  
 (Years)  
 (12) BIRTHPLACE Nov. 29 1901  
 (13) OCCUPATION .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Lussie Barber  
 (15) PRESENT POSTOFFICE OF MOTHER Winnabow Sc.  
 (16) COLOR OR RACE ..... (17) AGE AT LAST BIRTHDAY 19  
 (Years)  
 (18) BIRTHPLACE Nov 3. 1902  
 (19) OCCUPATION .....

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

(21) Number of children of this mother now living, including present birth { .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Lanell Canty  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Winnabow Sc.

Given name added from a supplemental report

M. M. Shones  
Bucklick 19 .....

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

(27) Filed ..... 19 .... (28) ..... 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.

I have all ready got my Per. mits to serve my baby

Form No. 1 1904  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECORD OF COLUMBIA, COLUMBIA, S. C.