

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD.

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.

N. C., of Columbia.

(1) PLACE OF BIRTH  
 County of Pickens  
 Township of Central  
 or  
 Inc. Town of Walhalla  
 or  
 City of R 7 D 1

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

23537

Registration District No. 3700 Registered No. 143  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 City of R 7 D 1 (No.        St.;        Ward)

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

(3) BOY OR GIRL?        (4) Twin Single (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH 5, 22, 1922  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Jerry Barker  
 (9) PRESENT POSTOFFICE OF FATHER Walhalla R 7 D 1  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Pickens Co S.C.  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth { 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Leila Harvint  
 (15) PRESENT POSTOFFICE OF MOTHER Walhalla R 7 D 1  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Denise Co S.C.  
 (19) OCCUPATION sewing machine  
 (21) Number of children of this mother now living, including present birth { 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was        at 2 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Watkins  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Plenum College St.

Given name added from a supplemental report  
 \_\_\_\_\_, 191....  
 \_\_\_\_\_ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug 1, 1922 (28) J. L. Bearden 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.

\*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.