

7 (1)

(1) PLACE OF BIRTH

County of Anderson

Township of Ford

Inc. Town of

City of or * By Court Order

(If birth occurs in a hospital on

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health.

File No.—For State Registrar Only

6453

Registration District No. 306 Registered No. 36

2-10-87. * Merril Lou Barkley

(If institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL *l-1*

(4) Twin or Triplet?

(5) Number in order of birth.

(6) Are

(7) DATE OF

BIRTH. Mar 19, 1924
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Fred H. Barker

(b) PRESENT POSTOFFICE OF FATHER *Louisville, Mo*

(10) COLOR OR RACE 26 L. # (11) AGE AT LAST BIRTHDAY 22

(12) BIRTHPLACE _____ (Year) _____

(13) OCCUPATION Anderson of S

7

(20) Number of children born to mother, including present birth 1 7

MOTHER.

(14) NAME BEFORE MARRIAGE Roselle Harris

(15) PRESENT POSTOFFICE OF MOTHER *Zaner will send*

(16) COLOR OR *N. L. T.* (17) AGE AT LAST BIRTHDAY *25*

RACE White (Years) _____
(18) BIRTHPLACE _____

(10) OCCUPATION Artist & Gen

16/ OCCUPATION

Housewife

(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 alive at 3 P. M.,
on the date above stated.

(23) (Signature)

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

Given name added from a supplemental report

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

(27) Filed Chester ... 1962 (28) S. J. H. H. C. C.

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.