

(1) PLACE OF BIRTH

County of Dillon
 Township of Carmichael
 or Town of Hammer
 or City of

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

No. for State Registrar Only
39920

Registration District No. 1601

Registered No.
 (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 Minnie May Betha If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Dec 21 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Karac Tracy Barker
 (9) PRESENT POSTOFFICE OF FATHER Hammer S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE Hammer S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth Seven

MOTHER.
 (14) NAME BEFORE MARRIAGE Matilda Gentry
 (15) PRESENT POSTOFFICE OF MOTHER Hammer S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE Lumberton S.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Francis Baker
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hammer S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) W. H. Campbell
 (27) Filed Jan 3 1923 (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.