

No 3.

## (1) PLACE OF BIRTH

County of AndersonTownship of Forsythor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 19 1925</u> (Name of Month) (Day) (Year)
-----------------------------	--------------------------------	---------------------------------------	-------------------------------------	--

## FATHER.

(8) FULL NAME Fred W. Barkley(9) PRESENT POSTOFFICE OF FATHER Louville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Anderson SC(13) OCCUPATION Farmer(22) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Roselle Harris(15) PRESENT POSTOFFICE OF MOTHER Louville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Hart Co Ia(19) OCCUPATION Housewife(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 Alive at 3 P.M. (Born alive or stillborn) (Hour, M., or P.M.) on the date above stated.(23) (Signature) J. M. Hobson (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 Apr 1 1925 (28) J. M. Hobson 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.

## 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. 305 Registered No. 35  
(For use of Local Registrar)

St. Ward

(No. (If child is not yet named, make supplemental report as directed)