

(1) PLACE OF BIRTH

County of Myrtle
 Township of Myrtle
 or
 Inc. Town of Myrtle
 or
 City of Myrtle

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

No. 4871—For State Registrar Only

Registration District No. 3402 Registered No. 10
 (For use of Local Registrar)

City of Myrtle (No. 10 St. 10 Ward 10)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Evelyn Gemma Barker (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 Feb 26 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Peter Barker
 (9) PRESENT POSTOFFICE OF FATHER Whitman SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
 (Year) 1923
 (12) BIRTHPLACE Kershaw Co. SC
 (13) OCCUPATION Mill Worker
 (14) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Emma Crocker
 (15) PRESENT POSTOFFICE OF MOTHER Whitman SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (Year) 1923
 (18) BIRTHPLACE Whitman SC
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.) 11:30 A. M.
 on the date above stated.

(23) (Signature) Emma Crocker

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

Given name added from a supplemental report

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

(27) Filed Feb 27 1923 (28) R. M. Crocker 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.

WRITER PLAINLY. WITH UNFADING INK—THIS IS A PREPARATORY REPORT. IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IN QUESTION 3 FIRST-BORN, No. 1, THEN OTHERS, No. 2, etc., IN QUESTION 5.