

(1) PLACE OF BIRTH

County of Fairfield
 Township of # 15

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42727

Inc. Town of Clinton Hill S.C. Registration District No. 1904 Registered No. 47
 (For use of Local Registrar)
 City of Clinton Hill S.C. (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 Flemming Barba } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Apr. 1, 1905
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Turner

(9) PRESENT POSTOFFICE OF FATHER Clinton Hill S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Fairfield Co S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Little Barker

(15) PRESENT POSTOFFICE OF MOTHER Clinton Hill S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Fairfield Co S.C.

(19) OCCUPATION House maid

(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. J. McCarley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clinton Hill S.C.

Given name added from a supplemental report

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

(27) Filed Nov 23 1905 (28) W. T. Reeves 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.

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.