

(1) PLACE OF BIRTH

County of LeeTownship of Turkey Creek

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

21755

Registration District No. 3609Registered No. 24
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Robert Henry Barkin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet? no(5) Number in order of birth 5(6) Are Parents Married? yes(7) DATE OF BIRTH July 15 23
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Barkin(9) PRESENT POSTOFFICE OF FATHER Bethune S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE Rushton S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth four(14) NAME BEFORE MARRIAGE Essie E. Humphreys(15) PRESENT POSTOFFICE OF MOTHER Bethune S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31
(Year)(18) BIRTHPLACE Rushton S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn) (Hospital, Home or M.)(23) (Signature) E. J. Hunter

(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 July 21 1923(28) Local Registrar J. O. Rodgers

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.

Registrar

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