

(1) PLACE OF BIRTH

County of *Anderson*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Hausch Creek*or
Inc. Town ofRegistration District No. *307* Registered No. *128*

(For use of Local Registrar)

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 *F. W. Barker*

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married(7) DATE OF BIRTH *Nov. 24* 19*16*
(Name of Month) (Day) (Year)

To be answered only in event of twins or triplets

FATHER.

(8) FULL
NAME*Arthur Barker*(9) PRESENT
POSTOFFICE
OF FATHER*Earley R H 4*(10) COLOR
OR
RACE*Negro*(11) AGE AT LAST
BIRTHDAY*26*
(Years)

(12) BIRTHPLACE

Anderson Co. SC

(13) OCCUPATION

Farming(14) Number of children born to
mother, including present birth*2*

MOTHER.

(14) NAME BEFORE
MARRIAGE*Miss Robinson*(15) PRESENT
POSTOFFICE
OF MOTHER*Earley R H 4*(16) COLOR
OR
RACE*Negro*(17) AGE AT LAST
BIRTHDAY*25*
(Years)

(18) BIRTHPLACE

Anderson Co. SC

(19) OCCUPATION

Housework(20) 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 *born* at *12* *A.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. A. Dripp

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician Drasby St*Given name added from a supplement-
tal report

(26) Witness

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

(27) Local Registrar

W. A. Watson

(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
third month of pregnancy.When there was no attending physician or midwife, then the father, householder, etc., should make this return. If
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