

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52189

(1) PLACE OF BIRTH
 County of Lowndes
 Township of Lyrich

Inc. Town of Registration District No. 2010 Registered No. 121
 (For use of Local Registrar)

City of (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 Michael Lisle Barnes | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 26 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	---------------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME John Barnes

(9) PRESENT POSTOFFICE OF FATHER Cowards S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Cowards, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Roxanna Williams

(15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Cowards, S.C.

(19) OCCUPATION Housewife

(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 born alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Daniel

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness John Barnes
 (Signature of Witness necessary only when question 23 is signed by marks)
 (27) Filed 3/31 1916 (28) E. L. Montgomery 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.

*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.