

(1) PLACE OF BIRTH

County of Fluence

Township of Barnwell

or Town of Barnwell

City of Barnwell

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

1909

Registered No. 7
(For use of Local Registrar)

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

2) Full Name of Child Edward Perkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 5 1906
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Jim Perkins

(8) PRESENT POSTOFFICE OF FATHER Barnwell SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Fluence County

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Goldie Fells

(15) PRESENT POSTOFFICE OF MOTHER Barnwell town SC

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Fluence County

(19) OCCUPATION Domestic

(21) 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 alive at 9:15 a. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) E. M. Allen

(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife [Redacted]

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Feb 10 6 191..... (28) E. M. Allen 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.

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M.C. M. of Columbia