

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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 *John M. Barinman*

File No.—For State Registrar Only

66577

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *4302*Registered No. *J.S.*

(For use of Local Registrar)

St. *Ward*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth
In no event only in case of Twins or Triplets(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *June 30, 1916*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *60*

(Years)

(12) BIRTHPLACE *Windsburg*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *1:30 P.* M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *Samuel J. ...*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Windsburg*

Given name added from a supplemental report

(26) Witness *J. M. Barinman*

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

(27) File No. *4302*

1916

(28)

B. B. Jackson

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.

fifth month of pregnancy.

WITH UNFOLDING ENK—THIS IS A PERMANENT RECORD.
N. H.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 8.

M. C. W. of Columbia