

(1) PLACE OF BIRTH

County of Anderson
 Township of Beltan
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 300

File No.—For State Registrar Only
13564

Registered No. 39
 (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

3) BOY OR GIRL	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married?	7) DATE BIRTH (Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Henry Barker</u>			14) NAME BEFORE MARRIAGE <u>Meliss White</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Beltan SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Beltan SC</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	16) COLOR OR RACE <u>white</u>		
12) BIRTHPLACE <u>Ka</u>		17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
13) OCCUPATION <u>Minister</u>		18) BIRTHPLACE <u>Beltan SC</u>		
20) Number of children born to mother, including present birth <u>1</u>		19) OCCUPATION <u>Dr</u>		
21) Number of children of this mother now living, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 M.,
 on the date above stated. (Born alive or stillborn) (Hour) (M., or P. M.)

(23) (Signature) W. H. Haynes
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Beltan SC

Given name added from a supplement-
 al report

(26) Witness

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

(27) Registrar

(Signature of Registrar)
James L. Haynes

(28) Local Registrar

(Signature of Local Registrar)
W. H. Haynes

*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.