

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

89901

Registration District No. 2016

Registered No. 46

(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 26, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jack Barden

(9) PRESENT POSTOFFICE OF FATHER

Hammoh

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

48 (Years)

(12) BIRTHPLACE

Bastin SC

(13) OCCUPATION

Farmer

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

4

(21) Number of children of this mother now living, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Viola Eaddy

(15) PRESENT POSTOFFICE OF MOTHER

Hammoh

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

38 (Years)

(18) BIRTHPLACE

Hammoh

(19) OCCUPATION

Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Katie McAllister

(24) State whether Physician or Midwife

Hammoh SC

Given name added from a supplemental report.

101

Registrar

(26) Witness

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

(27) Filed

Jan 5 - 1917

(28)

W. H. Poston

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.