

Form No. 1

(1) PLACE OF BIRTH

County of Henry
 Township of Galivato Ferry
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90368

Registration District No. 2505Registered No. 94

(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 Delfhia Jane Barnhill ... { 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 — (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec, 30, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Lexter Barnhill(9) PRESENT POSTOFFICE OF FATHER Cool Springs, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Williamburg Co, S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Delfhia Jane S. Lippert(15) PRESENT POSTOFFICE OF MOTHER Cool Springs, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Henry Co, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:20 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. King

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D.Aynor, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 1/3/17 191..... (28) Geo M. Higgins 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.