

FORM NO. 4
MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Calhoun
Township of Sioux
or
Inc. Town of Registration District No. 802 Registered No. 143
or
City of (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
80450

(2) Full Name of Child Mary Ruth Barker } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE Oct 17 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME M^r Ephraim Barker
(9) PRESENT POSTOFFICE OF FATHER Cameron SC
(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Calhoun Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Lee Grant
(15) PRESENT POSTOFFICE OF MOTHER Cameron SC
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Darlington Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. H. J. Kellen
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cameron SC

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 Oct 18 1916 (28) W. S. Kellen 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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