

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonInc. Town of CharlestonCity of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar

35093

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

Ward 29

(2) Full Name of Child

Lillie Bessie Barker

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

(3) SEX OR
GIRLgirl(4) Type
or Triplet

To be reported only in case of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Marriedyes(7) DATE OF
BIRTHJuly 161928

(Name of Month) (Day) (Year)

(8) FATHER.

Joe B. Barker(9) PRESENT
RESIDENCE
OF FATHERCharleston, SC(10) COLOR
OR
HAIRWhite(11) AGE AT LAST
BIRTHDAY24

(Year)

(12) BIRTHPLACE

Charleston, Miss

(13) OCCUPATION

Barker by trade

(14) MOTHER.

Virginia Williams(15) PRESENT
RESIDENCE
OF MOTHERCharleston, SC(16) COLOR
OR
HAIRWhite(17) AGE AT LAST
BIRTHDAY19

(Year)

(18) BIRTHPLACE

Wartburg, SC

(19) OCCUPATION

own house / reaper(20) Number of children born to
mother, including present birth12(21) Number of children of this mother
now living, including present birth12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Bornat 14⁰⁰

P. M.,

on the date above stated.

(Born alive or stillborn)

(Hour P. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

21 E StGiven name added from a supplement-
tal report

(26) Witness

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

(27) Filed

YesW. Williams19
RegistrarWhen 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.