

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**72903**

(1) PLACE OF BIRTH  
County of Greenville  
Township of Clinton  
OR  
Inc. Town of ..... Registration District No. 2200 Registered No. 79  
OR  
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 Frank Barber { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 4, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME Engene Barber

(14) NAME BEFORE MARRIAGE Lillian Charleston

(9) PRESENT POSTOFFICE OF FATHER Simpsonville

(15) PRESENT POSTOFFICE OF MOTHER Simpsonville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Cotton mill work.

(19) OCCUPATION Housekeeping

(20) Number of children born to mother, including present birth 3

(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 10 ..... A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. L. Richardson M.D.

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

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 Aug 8, 1916 (28) L. L. Richardson  
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.

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.  
J.Caw. of Columbia.