

(1) PLACE OF BIRTH

County of Bamberg
 Township of Third

or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
63112

Registration District No. 4.2.2 Registered No. 39
 (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 Harriet Stokes { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 11 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Stokes
 (9) PRESENT POSTOFFICE OF FATHER Bamberg
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE IL
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Walker
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE IL
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. W. A. ...

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

Given name added from a supplemental report

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

(27) Filed July 5 1916 (28) Dr. W. A. ...
 Registrar 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.

Chav. of Columbia