

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 8.  
 BUREAU OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of York  
 Township of York  
 or Inc. Town of \_\_\_\_\_  
 or City of \_\_\_\_\_

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rubena Barker

The So.—For State Registrar Only

9572

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4805 Registered No. 42  
 (For use of Local Registrar)

(3) BOY OR GIRL Girl (4) Twin or Triplet \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH March 27, 22  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rain Barker  
 (9) PRESENT POSTOFFICE OF FATHER York  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35  
 (12) BIRTHPLACE York Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Bella Mason  
 (15) PRESENT POSTOFFICE OF MOTHER York S. C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35  
 (18) BIRTHPLACE York Co.  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lucy Cantant(24) State whether Physician or Midwife (25) Address of Physician or Midwife York S. C.

Given name added from a supplemental report

(26) Witness L. Barker

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

(27) Filed March 31, 1922 (28) John S. Barker 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.