

MARGIN RESERVED FOR BINDING.
N. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
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(1) PLACE OF BIRTH

County of Lancaster

Township of Cane Creek

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

86260

Registration District No. 2801

Registered No. 96

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Missouri Barnes

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 6

(6) Are Parents Married? yes

(7) DATE OF BIRTH oct.

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Barnes

(9) PRESENT POSTOFFICE OF FATHER Lancaster SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Lancaster SC

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie James

(15) PRESENT POSTOFFICE OF MOTHER Lancaster

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

(18) BIRTHPLACE Liberty Hill SC

(19) OCCUPATION farming

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive oct. 1916 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. A. Curry

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct. 1916 (28) M. J. K. R. R. R. Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.