

(1) PLACE OF BIRTH

County of BarnbergTownship of Midway

or

Inc. Town of

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

Registration District No. 408

File No. — For State Registrar Only
63118

Registered No. 110
(For use of Local Registrar)(2) Full Name of Child Barrie All

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 1
To be answered only in event of Twin or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10, 1916
(Name of Month) (Day) (Year)

FATHER.(8) FULL NAME William All(9) PRESENT POSTOFFICE OF FATHER Barnberg(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 43
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farm hand(14) Number of children born to mother, including present birth 6**MOTHER.**(14) NAME BEFORE MARRIAGE Laura Jenkins(15) PRESENT POSTOFFICE OF MOTHER Barnberg(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. J. L. Carter(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnberg

Given name added from a supplemental report

(26) Witness Jessie McMillan(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 15, 1916 (28) R. F. McMillan
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.

WRITE PLAINLY, WITH INK—THIS IS A RETURN—SEE INSTRUCTIONS—
 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.
 McCaw, of Columbia