

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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 Register Only

30000

Registration District No. 9ARegistered No. 1000

(For use of Local Registrar)

(2) Full Name of Child Eileen Mary Barker

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

(3) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 28 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 17 28 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest Barker(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE England(13) OCCUPATION Mechanic & Ry. Car(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME OF MARRIED Blanche Helen Brock(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Belgium(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive as 5:40 P.M. (Born alive or stillborn) (Hour 5:40 or P. M.) on the date above stated.(22) (Signature) J. J. Pham (23) State of Physician South Carolina (24) Address of Physician or Midwife 81 Wentworth St.

Given name added from a supplemental report

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

(26) Filed 11/23/1912 1912 March 28 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.