

(1) PLACE OF BIRTH

County of KershawTownship of OriskanyInc. Town of Hermitage MillsCity of Hermitage Mills

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7701

No. for State Register Only

32750

Registered No. 197
(For use of Local Registrar)St. 197 Ward 197

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

(2) Full Name of Child Ralph Weather Barnes(3) SEX Boy (4) Type 4 (5) Number in order of birth 4 (6) Age Parents 22 (7) DATE OF BIRTH Oct 9 20
(Name of child) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Mr. A. Barnes</u>	(14) NAME BEFORE MARRIAGE <u>Lucia Weather</u>	(9) PRESENT RESIDENCE OF FATHER <u>Camden, N.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Camden, N.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u>	(17) AGE AT LAST BIRTHDAY <u>33</u>
(12) BIRTHPLACE <u>Camden, N.C.</u>	(18) BIRTHPLACE <u>Robert Co., Ga.</u>	(13) OCCUPATION <u>Cotton Mill</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>Four</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark) (M. or P. M.)
on the date above stated.(23) (Signature) Dr. J. C. Jones
(24) State whether Physician or Midwife Physician Address of Physician or Midwife Camden, N.C.

(25) Given name added from a supplemental report

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

(27) Filed Oct 22 1920 (28) 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.

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