

MARGIN RESERVED FOR THE STATE REGISTER. WRITE PLAINLY WITH UNFADING INK IN THIS SEPARATE BLANK FOR EACH CHILD, and mark the sex of TWINS OR TRIPLETS on a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of York
 Township of Cherry
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

87919

Registration District No. 4405 Registered No. 108
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Lora Barnett

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) Are Parents Married? yes (7) DATE OF BIRTH Nov 7, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Barnett

(9) PRESENT POSTOFFICE OF FATHER R. Hill R. 9th

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE SC.

(13) OCCUPATION Farm Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Almie Davis

(15) PRESENT POSTOFFICE OF MOTHER R Hill

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Laborer

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Barran
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

....., 19

(27) Filled 11/11 1916. (28) J. Smiles 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.